

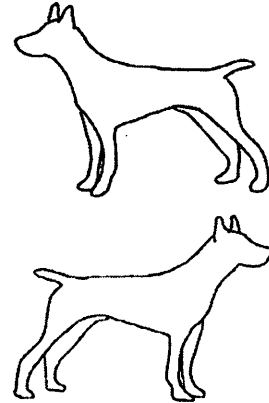
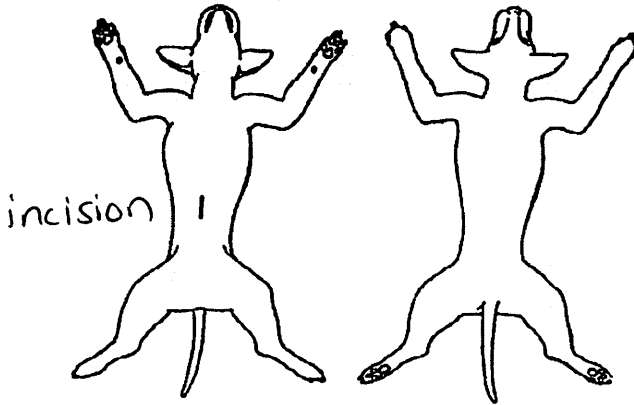
EXHIBIT J –
May 18, 2022 Veterinary
Treatment Forms

Animal ID #: 302-01Case #: HY-3301-0150Location: Cumberland, VA

IN-FIELD EXAM

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Dr. Dominguez Initials: EDJ
 Breed: beagle Color: black/tan/white Neuter: Y/N (circle) ^{unknown} Gender: M (F circle)
 (Age) Birth: 4-5 yrs. (est.)/Act. (circle) Ear Tag (Tattoo #) 611 CDL
 Length: 29.25 (nose to tail) Height: 14 inches (top of the head)
inches



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input checked="" type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Abdominal midline red and swollen incision 1.5 inches long with suture material

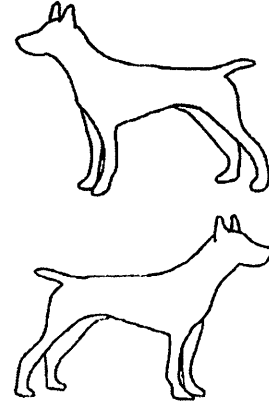
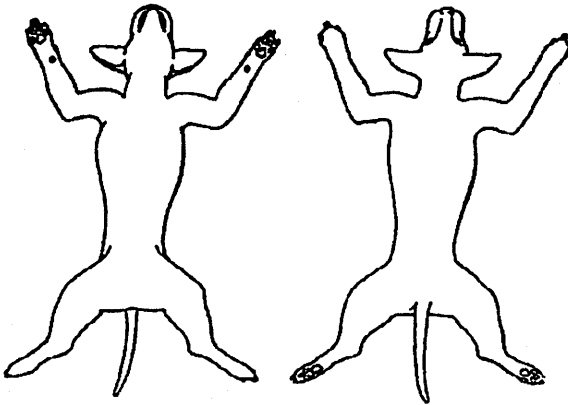
Recommended Treatment (that should be provided by Owner/Operator): Wound care, antibiotics

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAMAnimal ID #: 303-01Case #: HY-3301-0150Location: Cumberland, VA**ANIMAL PATIENT MEDICAL RECORD - DOG**In-Field Exam Date: 5/18/22 Clinician(s): Dr. Dominguez Initials: EDJBreed: beagle Color: black/red/white Neuter: (Y)/N (circle) Gender: (M)/F (circle)Age/ Birth: 3-4 yrs est./Act. (circle) Ear Tag / Tattoo # CJE - remainderLength: 25.5 inches (nose to tail) Height: 18.5 inches (top of the head) illegible**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input checked="" type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Fresh neuter incision - incision on base of penis
with bloody scab
Coughing during exam

Recommended Treatment (that should be provided by Owner/Operator) : Wound care

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

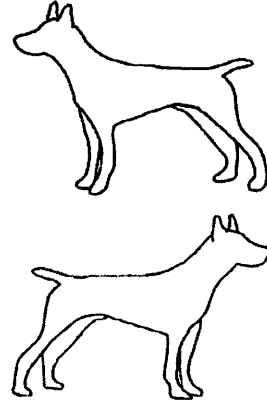
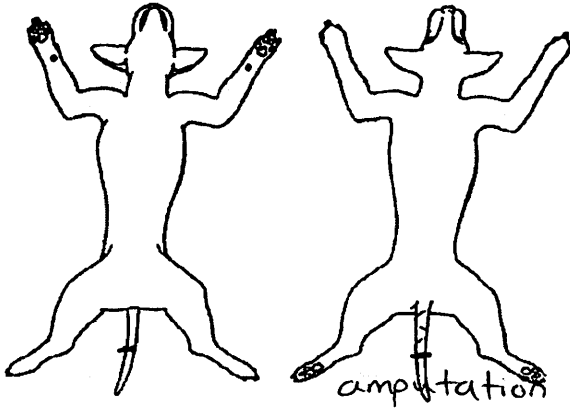
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 305-01
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Dr. Dominguez Initials: EDJ
 Breed: beagle Color: black/red/white Neuter: Y (N (circle)) Gender: (M) F (circle)
 (Age) Birth: 2-3 yrs (est) / Act. (circle) Ear Tag / Tattoo #: CMG CKA
 Length: 27.5 (nose to tail) Height: 17 inches (top of the head)
inches



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Partial tail amputation with bloody scab
on the tip, missing patches of hair on tail

Recommended Treatment (that should be provided by Owner/Operator) : Wound care

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

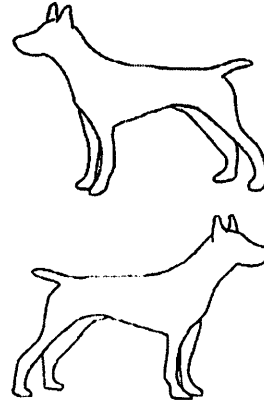
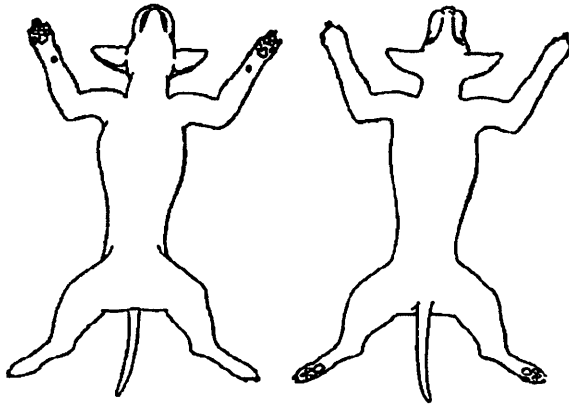
Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 9A2-02
 Case #: HY-3301-0150
 Location: Cumberland, VA

IN-FIELD EXAM

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5-18-22 Clinician(s): ALYSSA THOMPSON Initials: AT AV
 Breed: BEAGLE Color: RED, BLACK, WHITE Neuter: Y ☒ N (circle) Gender: ☒ M / F (circle)
 Age / Birth: 3 yr. (est) / Act. (circle) Ear Tag / Tattoo #: CMD CBG
 Length: 26" (nose to tail) Height: 18" (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

DENTAL DISEASE, MODERATELY OVERGROWN NAILS
(LP) (RF) FOOT LAMENESS GRADE 1/4, NO WOUNDS
NOTED; NO LOCALIZED PAIN.

Recommended Treatment (that should be provided by Owner/Operator): DENTAL CLEANING,
NAIL TRIM.

☐ Dog must be housed separately due to _____
☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

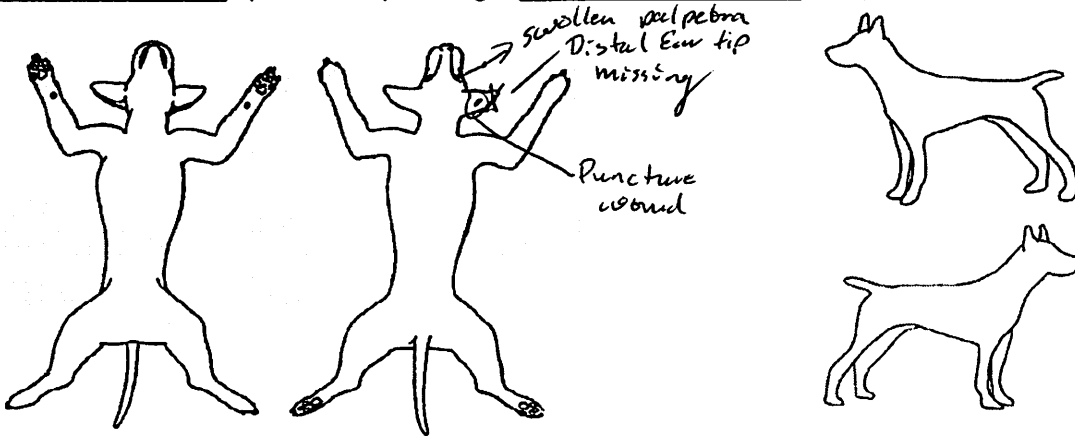
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 9A1-03
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): MACDOUGAL Initials: _____
 Breed: Beagle Color: Tri Neuter: Y/(N/circle) Gender: (M)/F (circle)
 Age / Birth: 3 yrs est./Act. (circle) Ear Tag / Tattoo #: CAN NOT read
 Length: 23 (nose to tail) Height: 15 (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

* Employees pulled from kennel - prior to HSUS arrival - Got in
 Fight w/ kennelmate * - FIAT Fasted from kennel
 - Sealed puncture wounds (L) ear
 - (R) lower eyelid scabs
 - Sealed (Healing) puncture wounds (R) ear flap
 - Scarring on left ear
 - Older wound on right ear - missing quarter sized part of ear

Recommended Treatment (that should be provided by Owner/Operator): * Anti-infectives for wounds & ceph for possible infection

☒ Dog must be housed separately due to old & new bite wounds

☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

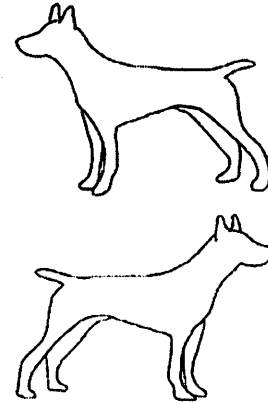
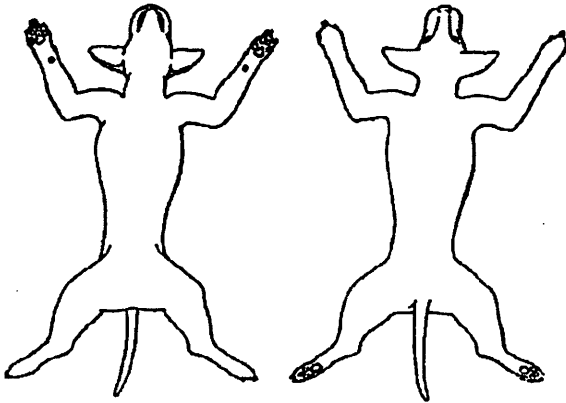
Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 9A2-02
 Case #: HY-3301-0150
 Location: Cumberland, VA

IN-FIELD EXAM

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5-18-22 Clinician(s): Alyssa Thompson Initials: AT AV
 Breed: BEAGLE Color: Red, Black, White Neuter: Y/N(circle) Gender: M/F(circle)
 Age/ Birth: 1-2 yr est./Act. (circle) Ear Tag / Tattoo #: ILLEGIBLE
 Length: 26" (nose to tail) Height: 19" (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input checked="" type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

MILD CONJUNCTIVITIS, IN BOTH EYES, SLIGHTLY
OVERGROWN NAILS,

Recommended Treatment (that should be provided by Owner/Operator) : _____

ANTIBIOTICS FOR EYES

☐ Dog must be housed separately due to _____
☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

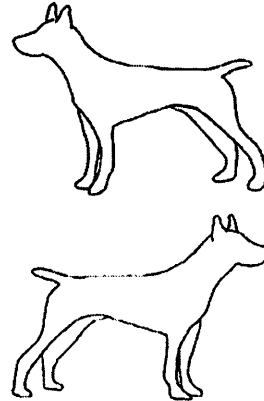
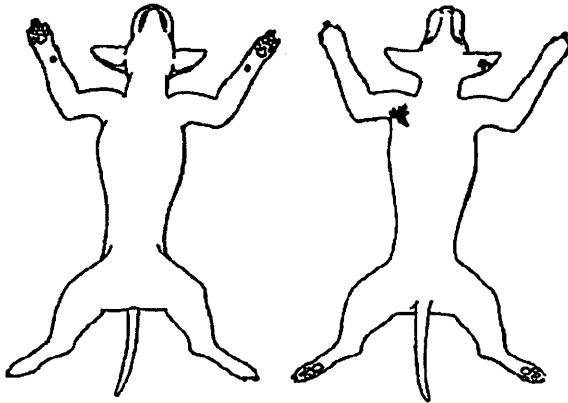
Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 9A3-02
 Case #: HY-3301-0150
 Location: Cumberland, VA

IN-FIELD EXAM**ANIMAL PATIENT MEDICAL RECORD - DOG**

In-Field Exam Date: 5-18-22 Clinician(s): ALYSSA THOMPSON Initials: AT AV
 Breed: BEAGLE Color: RED, Black, white Neuter: Y/N (circle) (N) Gender: (M) F (circle)
 Age/ Birth: 3 yr (est) Act. (circle) (est) Ear Tag / Tattoo #: CMG CCF
 Length: 26" (nose to tail) Height: 19" (top of the head)

**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

SCAR ON OUTER RIGHT EAR, SLIGHT DENTAL DISEASE
DAMP PAWS, INFLAMMATION BETWEEN ALL 4 PAWS
SCAR LEFT SHOULDER

Recommended Treatment (that should be provided by Owner/Operator) : _____

SKIN CYTOLOGY ; ANTIBIOTICS FOR PAWS

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

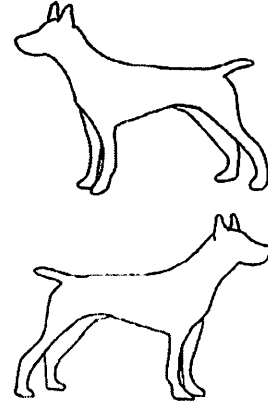
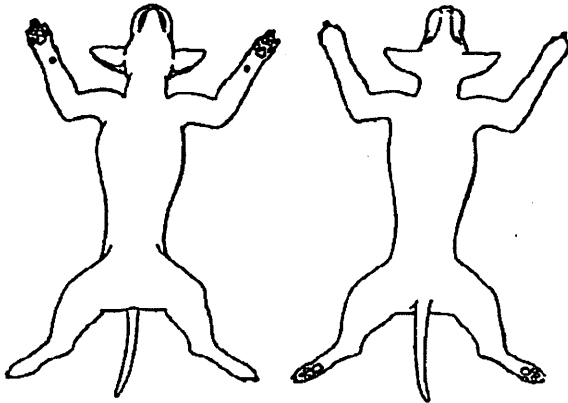
Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 9A3-03
 Case #: HY-3301-0150
 Location: Cumberland, VA

IN-FIELD EXAM

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5-18-22 Clinician(s): ALYSSA THOMPSON Initials: AT
 Breed: BEAGLE Color: TAN, Black, White Neuter: Y / N (circle) Gender: M / F (circle)
 Age / Birth: 1-2 yr (est) / Act. (circle) Ear Tag / Tattoo #: CMD CNS
 Length: 26" (nose to tail) Height: 18" (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS: FRONT

LEFT REAR FOOT WE DAMP INFLAMMED & SWOLLEN

Recommended Treatment (that should be provided by Owner/Operator): SKIN CYTOLOGY:
ANTIBIOTICS FOR LEFT FRONT FOOT

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

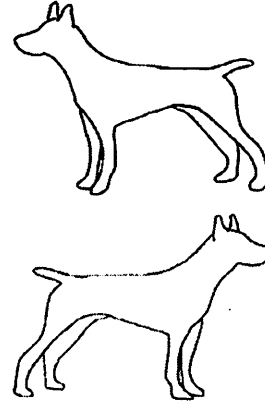
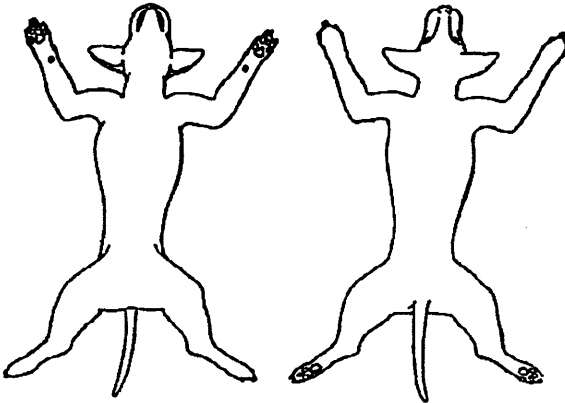
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 9A3-04
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5-18-22 Clinician(s): ALYSSA THOMPSON Initials: AT
 Breed: BEAGLE Color: RED, BLACK, WHITE Neuter: Y/N (circle) Gender: M/F (circle)
 Age / Birth: 1-2 yr (est)/Act. (circle) Ear Tag / Tattoo #: CMD CAS
 Length: 22" (nose to tail) Height: 19" (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

DAMP FEET, INFLAMMATION ON FEET, (RF) PAW SWOLLEN
OVERGROWN NAILS

Recommended Treatment (that should be provided by Owner/Operator): DENTAL CLEANING

SKIN CYTOLOGY? ANTIBIOTICS FOR FEET

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

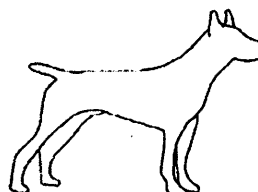
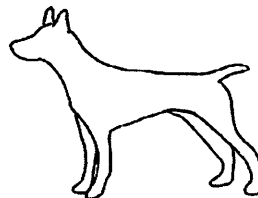
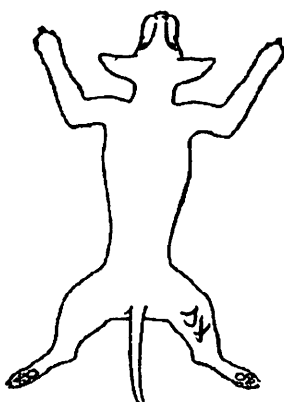
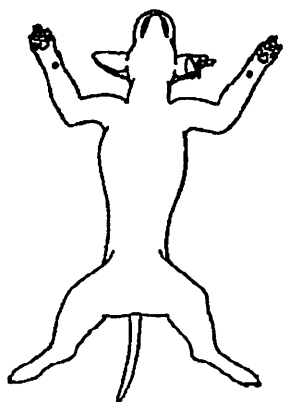
Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 9AY-01
 Case #: HY-3301-0150
 Location: Cumberland, VA

IN-FIELD EXAM

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5-18-22 Clinician(s): ALYSSA THOMPSON Initials: AT AL
 Breed: BORDER Color: Red Black white Neuter: Y / N (circle) Gender: M / F (circle)
 Age Birth: 1-2 yr Est./Act. (circle) Ear Tag / Tattoo #: ILLEGIBLE
 Length: 22" (nose to tail) Height: 17" (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Scars on Right REAR LEG

Scars on LEFT EAR (INTERIOR)

Recommended Treatment (that should be provided by Owner/Operator): Dental Cleaning

☐ Dog must be housed separately due to _____

☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

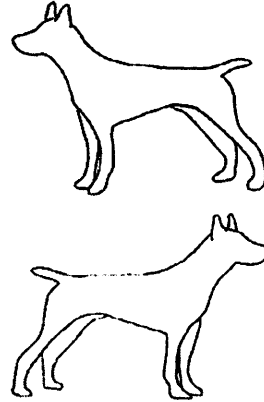
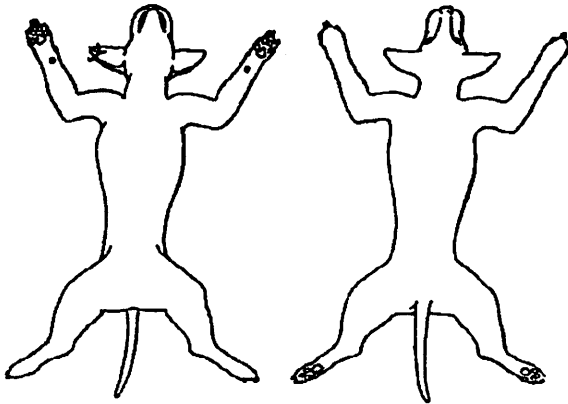
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 9A4-02
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5-18-22 Clinician(s): Alyssa Thompson Initials: AT
 Breed: Beagle Color: Red Black White Neuter: Y (N circle) Gender: M / F (circle)
 (Age) Birth: 12 yr (est) / Act. (circle) Ear Tag / Tattoo #: CMBC COE
 Length: 20' (nose to tail) Height: 20" (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

DAMP RED PAWS

SCABBING ON INTERIOR RIGHT EAR

Recommended Treatment (that should be provided by Owner/Operator): DENTAL

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

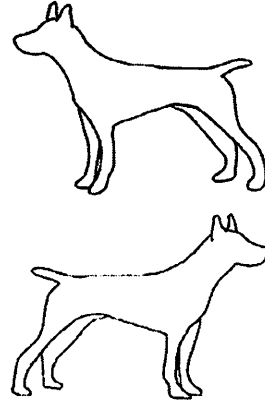
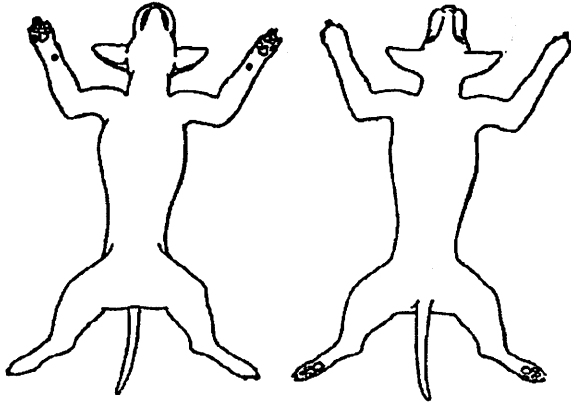
Concurrence (for removal Only): _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 9A4-04
 Case #: HY-3301-0150
 Location: Cumberland, VA

IN-FIELD EXAM**ANIMAL PATIENT MEDICAL RECORD - DOG**

In-Field Exam Date: 5-18-22 Clinician(s): Alyssa Thompson Initials: AT-AT
 Breed: BEAGLE Color: Red Black white Neuter: Y/(N)(circle) Gender: (M)/F(circle)
 Age/Birth: 1-2 yr (est)/Act. (circle) Ear Tag / Tattoo #: ILLEGIBLE
 Length: 22" (nose to tail) Height: 18" (top of the head)

**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

DAMP FEET, MILDLY RED

Recommended Treatment (that should be provided by Owner/Operator) : Dental Cleaning

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

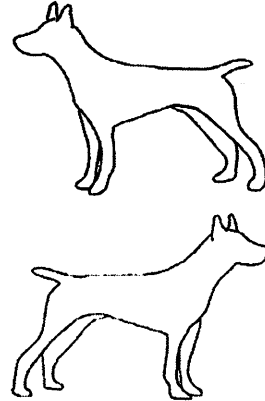
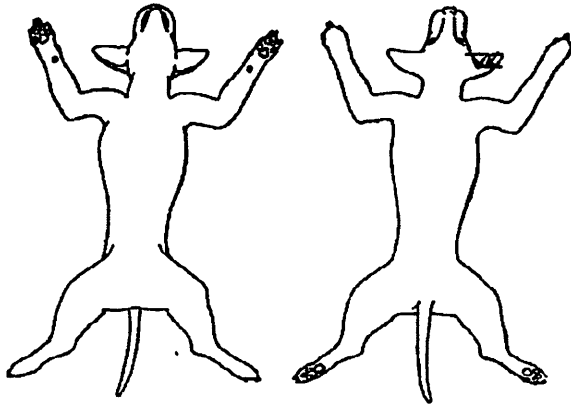
Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 9A71-01
 Case #: HY-3301-0150
 Location: Cumberland, VA

IN-FIELD EXAM**ANIMAL PATIENT MEDICAL RECORD - DOG**

In-Field Exam Date: 5-18-22 Clinician(s): Alyssa Thompson Initials: AT
 Breed: BENGAL Color: TAN, BLACK, WHITE Neuter: Y (N) (circle) Gender: M (F) (circle)
 Age/ Birth: est. Act. (circle) Ear Tag / Tattoo #: CMD CM?
 Length: 24" (nose to tail) Height: 18" (top of the head)

**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

SCAR ON RIGHT EXTERIOR EAR

MILDLY
WET RED PAWS

Recommended Treatment (that should be provided by Owner/Operator): DENTAL CLEANING

CYTOTOLOGY: MEDS FOR PAWS

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

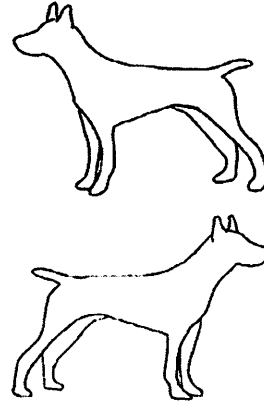
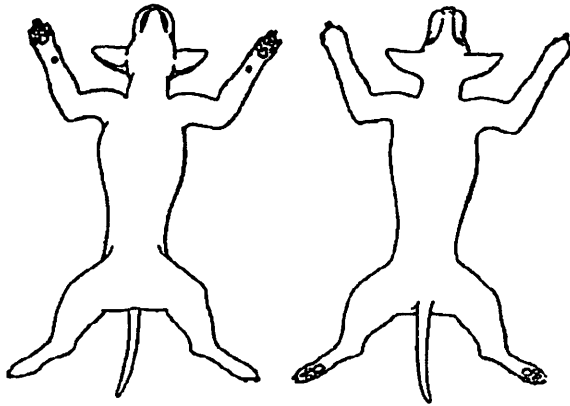
Concurrence (for removal Only): _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 9A71-02
 Case #: HY-3301-0150
 Location: Cumberland, VA

IN-FIELD EXAM**ANIMAL PATIENT MEDICAL RECORD - DOG**

In-Field Exam Date: 5-18-22 Clinician(s): Alyssa Thompson Initials: AT
 Breed: BEAGLE Color: TAN, BLACK, WHITE Neuter: Y / (N) (circle) Gender: (M) / F (circle)
 Age / Birth: est / Act. (circle) Ear Tag / Tattoo #: CMD CRG
 Length: 26" (nose to tail) Height: 17" (top of the head)

**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

RED DAMP FEET

Recommended Treatment (that should be provided by Owner/Operator) : DENTAL Cleaning

CYTOLOGY & MEDS FOR FEET

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

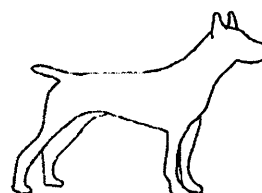
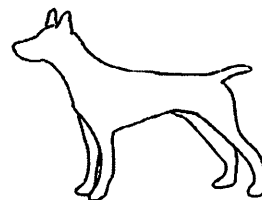
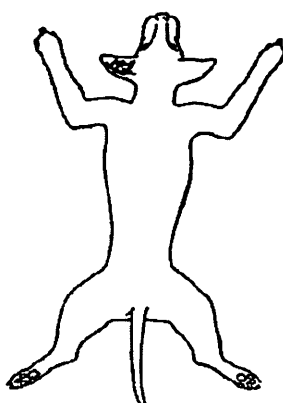
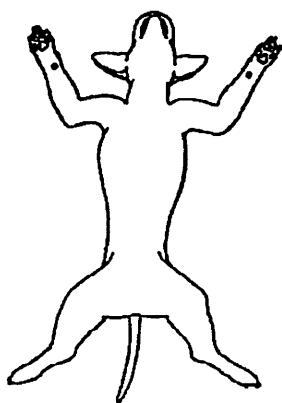
Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 9A71-03
 Case #: HY-3301-0150
 Location: Cumberland, VA

IN-FIELD EXAM**ANIMAL PATIENT MEDICAL RECORD - DOG**

In-Field Exam Date: 5-18-22 Clinician(s): Alyssa Thompson Initials: AT
 Breed: BAGLE Color: RED BLACK WHIZ Neuter: Y/N (circle) Gender: M/F (circle)
 Age: 1-2yr Birth: est/Act. (circle) Ear Tag / Tattoo #: CMD CCL
 Length: 22" (nose to tail) Height: 00 (top of the head)

**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

SCABBING ON LEFT EXTERIOR EAR

Overgrown NAILS

Recommended Treatment (that should be provided by Owner/Operator): Dental Cleaning

☐ Dog must be housed separately due to _____
☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

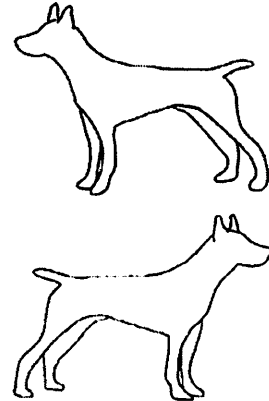
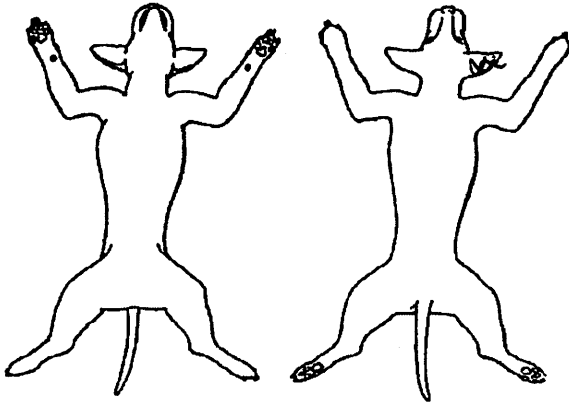
Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 9A71-04
 Case #: HY-3301-0150
 Location: Cumberland, VA

IN-FIELD EXAM**ANIMAL PATIENT MEDICAL RECORD - DOG**

In-Field Exam Date: 5-18-22 Clinician(s): Dyssa Thompson Initials: ATK
 Breed: Beagle Color: Red Black white Neuter: Y / ☒ (circle) Gender: M / F (circle)
 (Age) Birth: _____ est./Act. (circle) Ear Tag / Tattoo #: CMD CSI
 Length: 24" (nose to tail) Height: 17" (top of the head)

**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

SCABBING ON RIGHT EAR

WET / INFLAMMED FEET

Recommended Treatment (that should be provided by Owner/Operator): DENTAL CLEANING
CYTOTOLOGY: MEXOS FOR FEET

☐ Dog must be housed separately due to _____
☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

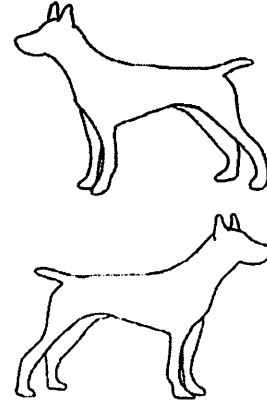
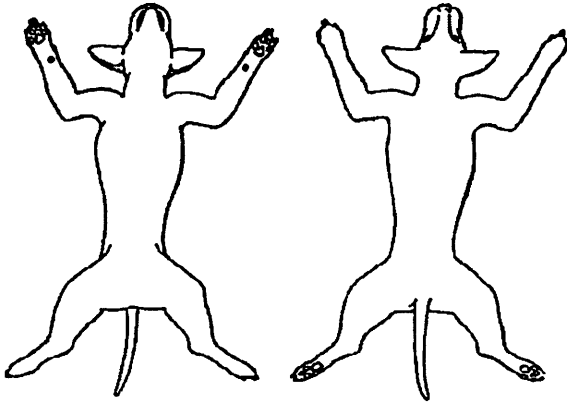
Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 9A72-01
 Case #: HY-3301-0150
 Location: Cumberland, VA

IN-FIELD EXAM

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5-18-22 Clinician(s): ALYSSA THOMPSON Initials: AT
 Breed: BEAGLE Color: RED BLACK WHITE Neuter: Y ☐ N ☒ (circle) Gender: M ☒ F (circle)
 Age / Birth: 1 yr (est/Act. (circle)) Ear Tag / Tattoo #: CMD COY
 Length: 22" (nose to tail) Height: 19" (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

DENTAL DISEASE, WET INFLAMMED FEET, SWOLLEN PAWS

Recommended Treatment (that should be provided by Owner/Operator): DENTAL CLEANING

CYSTOLOGY & MEDS FOR FEET

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

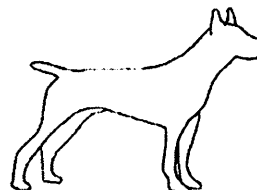
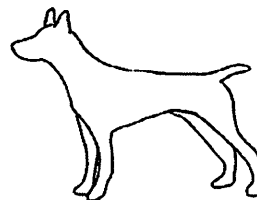
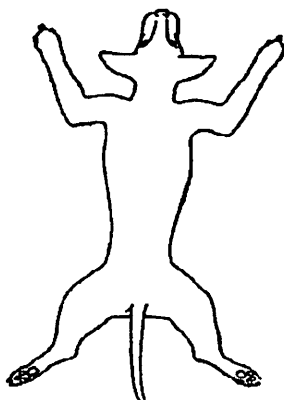
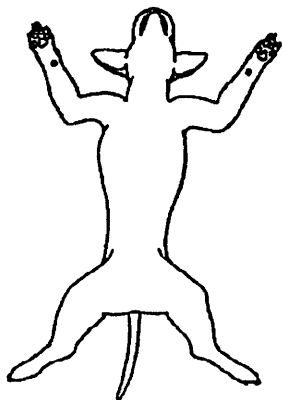
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 9A72-02
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5-18-22 Clinician(s): Alyssa Thompson Initials: AT
 Breed: BEAGLE Color: TAN WHITE BLACK Neuter: Y / N (circle) Gender: M / F (circle)
 Age / Birth: 1-2 yr (est/Act. (circle)) Ear Tag / Tattoo #: CMD CBR
 Length: 24" (nose to tail) Height: 17" (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

WET & INFLAMMED PAWS

Recommended Treatment (that should be provided by Owner/Operator): Dental Cleaning
CYTOLOGY; MEOS FOR FEET

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

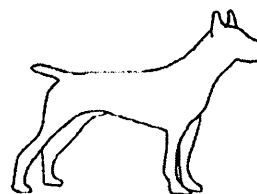
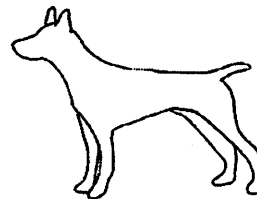
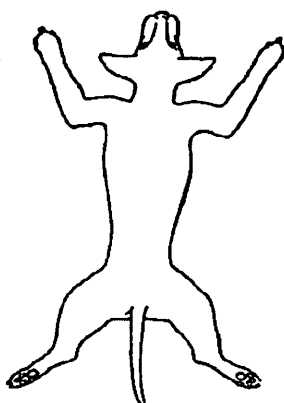
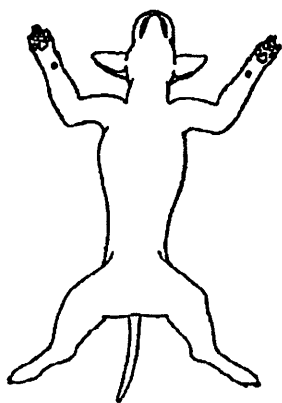
Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 9A72-03
 Case #: HY-3301-0150
 Location: Cumberland, VA

IN-FIELD EXAM

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5-18-22 Clinician(s): Alyssa Thompson Initials: AT
 Breed: BEAGLE Color: BROWN & WHITE Neuter: Y (N) (circle) Gender: M (F) (circle)
 Age: 1 yr Birth: est. (Act. (circle)) Ear Tag / Tattoo #: CMD CIT
 Length: 21" (nose to tail) Height: 20" (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

DAMP: RED PAWS

Recommended Treatment (that should be provided by Owner/Operator): DENTAL CLEANING

Cytology & meds for feet

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

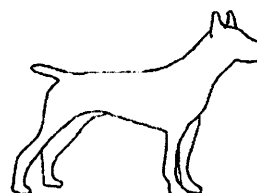
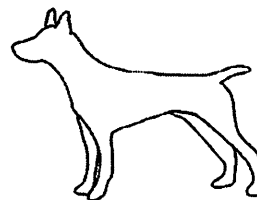
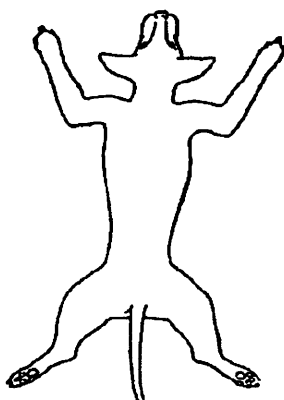
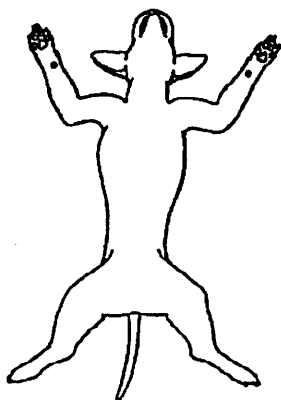
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 9A72-04
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5-18-22 Clinician(s): Alyssa Thompson Initials: AT
 Breed: BEAGLE Color: RED BLACK WHITE Neuter: Y/N (circle) Gender: M/F (circle)
 Age/Birth: 1-2 yr (est)/Act. (circle) Ear Tag / Tattoo #: CMD CGV
 Length: 23" (nose to tail) Height: 21" (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

WET - DAMP / INFLAMMED PAWS

Recommended Treatment (that should be provided by Owner/Operator): Dental cleaning

CYTOTOLOGY AND MEDS FOR PAWS

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

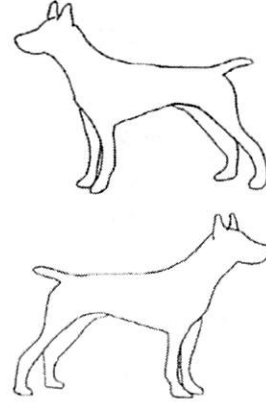
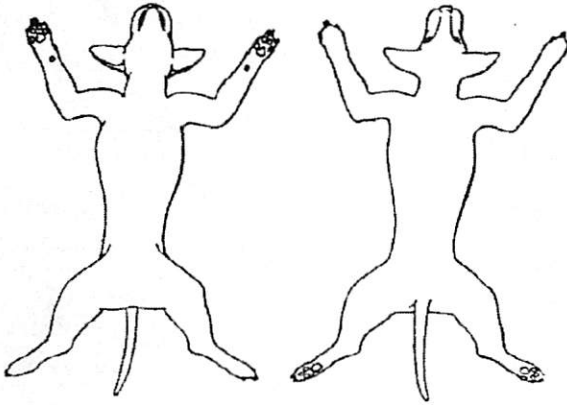
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 9A73-07
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5-18-22 Clinician(s): Alyssa Thompson Initials: ATV
 Breed: BEAGLE Color: TAN, BLACK, WHITE Neuter: Y / N (circle) Gender: M / F (circle)
 Age / Birth: 1-2-yr (est) / Act. (circle) Ear Tag / Tattoo #: CMID CME
 Length: 25" (nose to tail) Height: 20" (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

HAIR LOSS - WOUNDS ON LEFT EAR, DIRTY EARS
SCAR ON RIGHT EXTERIOR EAR, DENTAL DISEASE
WET PAWS, INFLAMMED PAWS

SWOLLEN PAD ON RIGHT REAR PAW

Recommended Treatment (that should be provided by Owner/Operator): DENTAL CLEANING.

CYTOLABY : MEDS FOR FEET

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

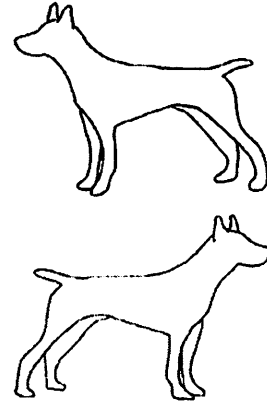
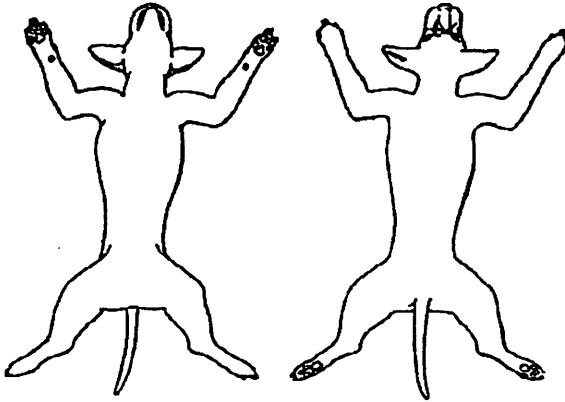
Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 9A73-02
 Case #: HY-3301-0150
 Location: Cumberland, VA

IN-FIELD EXAM

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): ALYSSA THOMPSON Initials: AT AL
 Breed: BEAGLE Color: RED BLACK WHITE Neuter: Y (circle) Gender: M (circle) F (circle)
 Age / Birth: 1-2 yr (circle) est. Act. (circle) Ear Tag / Tattoo #: CMP CAG
 Length: 24" (nose to tail) Height: 18" (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

SCAR ON EXTERIOR LEFT EAR, SCARRING ON NOSE
INFLAMMED / WET PAWS

Recommended Treatment (that should be provided by Owner/Operator): DENTAL CLEANING,
CYTOLOGY & MEDS FOR FEET

☐ Dog must be housed separately due to _____
☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

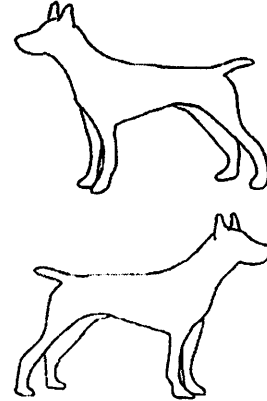
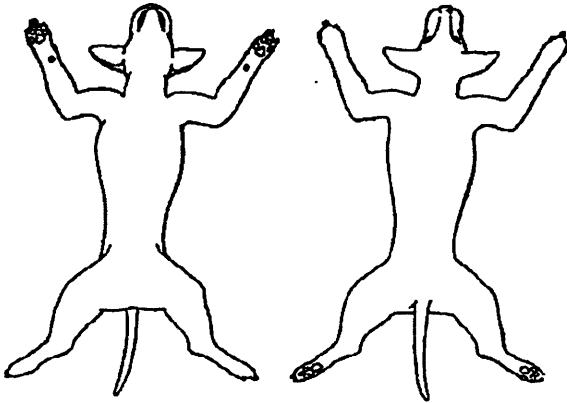
Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 9A73-03
 Case #: HY-3301-0150
 Location: Cumberland, VA

IN-FIELD EXAM

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5-18-22 Clinician(s): Alyssa Thompson Initials: AT
 Breed: BEAGLE Color: TAN, BLACK, WHITE Neuter: Y/N (circle) N Gender: M/F (circle) F
 Age/ Birth: 1-2 yr (est.) Act. (circle) est. Ear Tag / Tattoo #: CMO CFX
 Length: 26" (nose to tail) Height: 19" (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

OVERGROWN; FECES ON NAILS, NAILS, WET INFLAMMED
PADS/PAWS, DENTAL DISEASE

Recommended Treatment (that should be provided by Owner/Operator): CYTOLUX; MEDS FOR FEET
DENTAL CLEANING

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

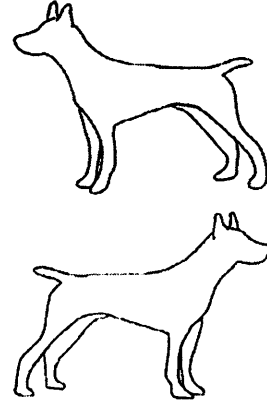
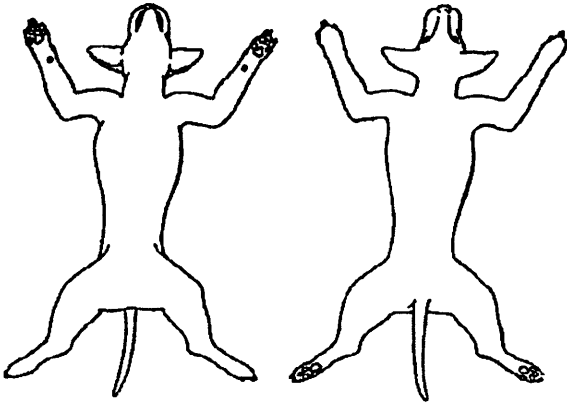
Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 9A73-04
 Case #: HY-3301-0150
 Location: Cumberland, VA

IN-FIELD EXAM

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5-18-22 Clinician(s): ALYSSA THOMPSON Initials: AT
 Breed: BEAGLE Color: RED, BLACK, WHITE Neuter: Y / N (circle) Gender: M / F (circle)
 Age Birth: 1-2 yr est./Act. (circle) Ear Tag / Tattoo #: CMB CLB
 Length: 24" (nose to tail) Height: 15" (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

DENTAL DISEASE, INFLAMMED / WET FEET

Recommended Treatment (that should be provided by Owner/Operator): DENTAL CLEANING

CYTOTOLOGY: MEDS FOR FEET

☐ Dog must be housed separately due to _____
☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

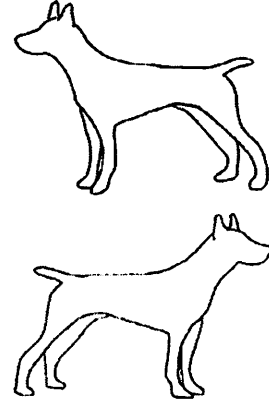
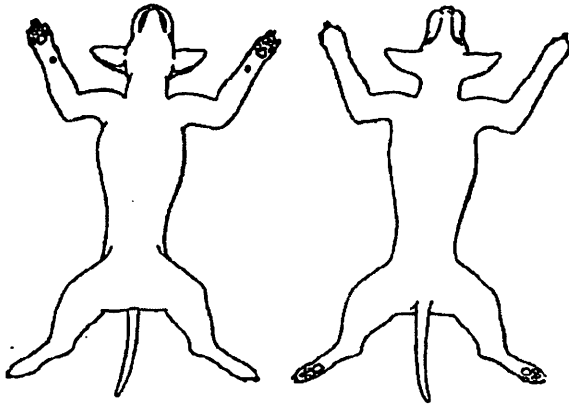
Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 9A74-02
 Case #: HY-3301-0150
 Location: Cumberland, VA

IN-FIELD EXAM

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5-18-22 Clinician(s): ALYSSA THOMPSON Initials: AT
 Breed: BEAGLE Color: RED, BLACK, WHITE Neuter: Y (N) (circle) Gender: M (F) (circle)
 Age / Birth: 1-2 YR (est.) (circle) Act. (circle) Ear Tag / Tattoo #: CMD CBL
 Length: 23" (nose to tail) Height: 19" (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

MILD TARTAR, LONG NAILS, DAMP PAWS

Recommended Treatment (that should be provided by Owner/Operator): CYTOTOLOGY
MEDS FOR FEET

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

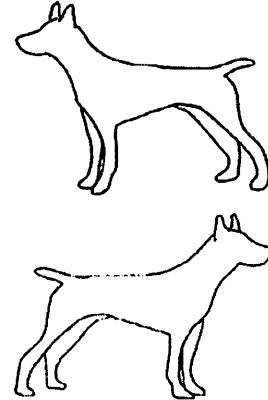
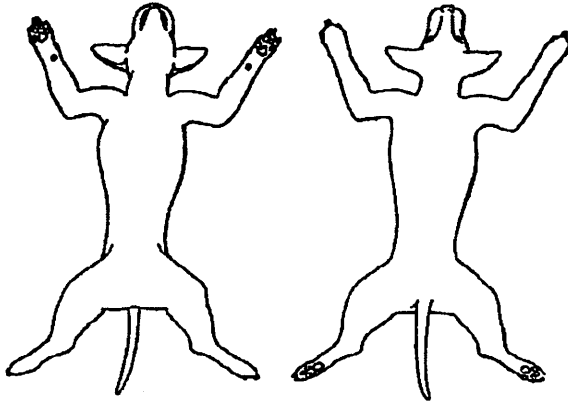
Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 9A74-02
 Case #: HY-3301-0150
 Location: Cumberland, VA

IN-FIELD EXAM

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5-18-22 Clinician(s): ALYSSA THOMPSON Initials: AT
 Breed: BEAGLE Color: TAN, BLACK, WHITE Neuter: Y (N) (circle) Gender: M (F) (circle)
 Age/ Birth: 2 (est) / Act. (circle) Ear Tag / Tattoo #: CMD CFL
 Length: 26" (nose to tail) Height: 17" (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

DENTAL DISEASE, WET FEET, INFLAMMATION ON (RF)
FOOT

Recommended Treatment (that should be provided by Owner/Operator): DENTAL CYTOLOGY:
MEDICATION FOR FEET

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

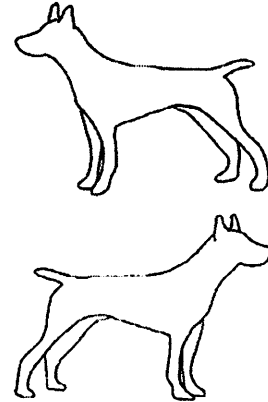
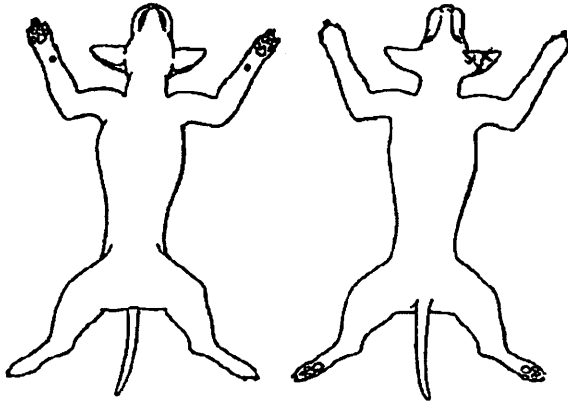
Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 9A74-03
 Case #: HY-3301-0150
 Location: Cumberland, VA

IN-FIELD EXAM

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5-18-22 Clinician(s): Alissa Thompson Initials: AT AV
 Breed: BEAGLE Color: RED, BLACK, WHITE Neuter: Y (circle) Gender: M (circle) F (circle)
 Age: 1 yr Birth: est. (circle) Act. (circle) Ear Tag / Tattoo #: cmp CLF
 Length: 25" (nose to tail) Height: 17" (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

SCAR ON NOSE, ONE UNDESCENDED TESTICLE
WET & INFLAMED PAWS, SCRAPING ON (L) EAR

Recommended Treatment (that should be provided by Owner/Operator): DENTAL CLEANING

CYTOLOGY & MEDS FOR FEET

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

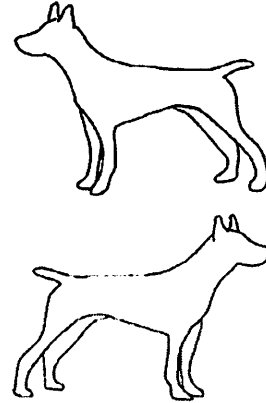
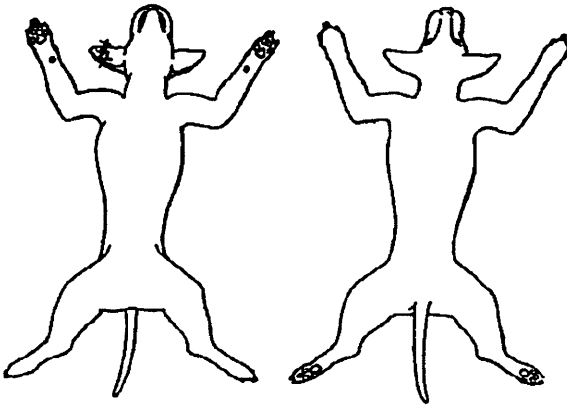
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 9A74-04
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5-18-22 Clinician(s): ALYSSA THOMPSON Initials: AT AV
 Breed: BEAGLE Color: RED, BLACK, WHITE Neuter: Y/N (circle) Gender: M/F (circle)
 (Age) Birth: 1-2 yr (est.)/Act. (circle) Ear Tag / Tattoo #: CMD CBL
 Length: 21" (nose to tail) Height: 17" (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

SCARRING ON (R) INTERIOR EAR, (L) FOOT HAS SCAR
OVERGROWN NAILS, DAMP FEET/INFLAMMATION ON FEET.

LEFT FRONT PAW (BOTTOM) STARTING TO GET SORES - VERY
RED & INFLAMMED

Recommended Treatment (that should be provided by Owner/Operator): DENTAL CLEANING.

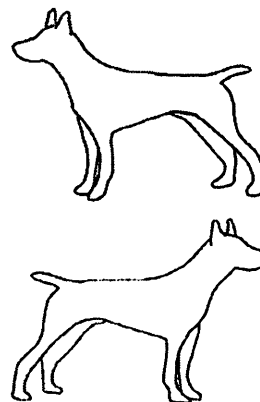
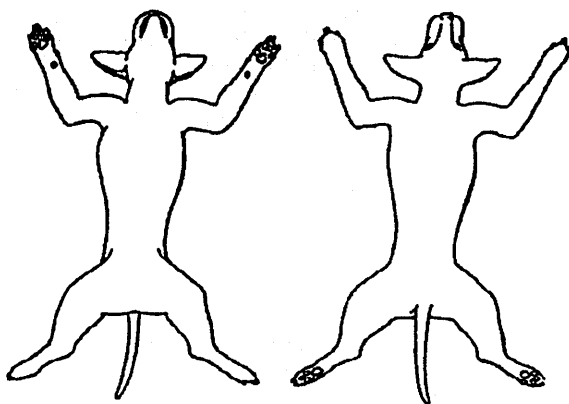
CYTOTOLOGY & MEDS FOR FEET

☐ Dog must be housed separately due to _____
☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAMAnimal ID #: 9A106-01Case #: HY-3301-0150Location: Cumberland, VA**ANIMAL PATIENT MEDICAL RECORD - DOG**In-Field Exam Date: 5/18/22 Clinician(s): McAndrew Initials: MA EFBreed: beagle Color: black tan+white Neuter: Y/N(circle) Gender: M/F(circle)Age / Birth: 13 WKS (est./Act. (circle)) Ear Tag / Tattoo#: CNACTRLength: 18 (nose to tail) Height: 14 (top of the head)**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS: reducible umbilical herniaRecommended Treatment (that should be provided by Owner/Operator) : surgical correction☐ Dog must be housed separately due to _____

☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

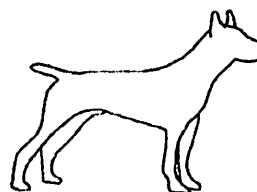
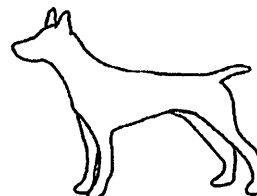
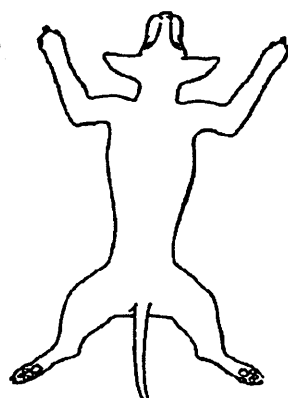
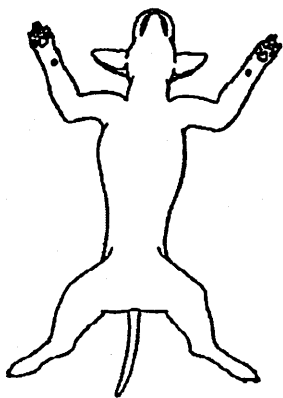
Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 9A106-02Case #: HY-3301-0150Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): McAndrew Initials: MA EFBreed: Weagles Color: black red white Neuter: Y/☒ (circle) Gender: M/☒ (circle)Age / Birth: 10 wks ☒ Est/Act. (circle) Ear Tag / Tattoo #: CNACTJ V EFLength: 18.5 (nose to tail) Height: 17.5 (top of the head)

IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS: Small spot of hair loss left sideRecommended Treatment (that should be provided by Owner/Operator) : skin scrape☐ Dog must be housed separately due to _____

☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

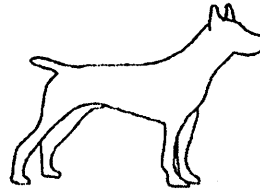
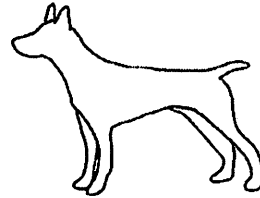
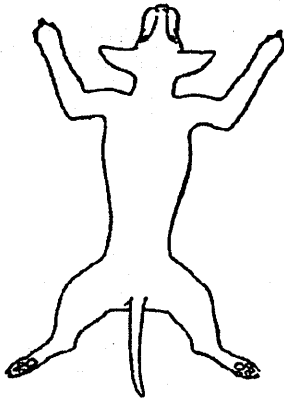
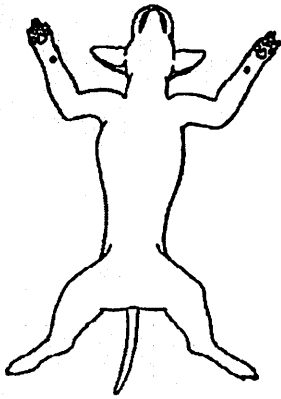
Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 9A106-C5Case #: HY-3301-0150Location: Cumberland, VA**IN-FIELD EXAM****ANIMAL PATIENT MEDICAL RECORD - DOG**

In-Field Exam Date: 5/18/22 Clinician(s): McAndrew Initials: MA EF
 Breed: beagle Color: black red & white Neuter: Y/☒ (circle) Gender: M/☒ (circle)
 Age / Birth: 11 wks ☒ est./Act. (circle) Ear Tag / Tattoo #: CNACLH
 Length: 18 (nose to tail) Height: 15 (top of the head)

**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS: cherry eye in right eye

Recommended Treatment (that should be provided by Owner/Operator) : surgical correction

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

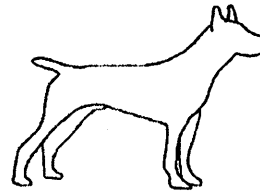
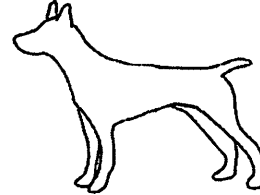
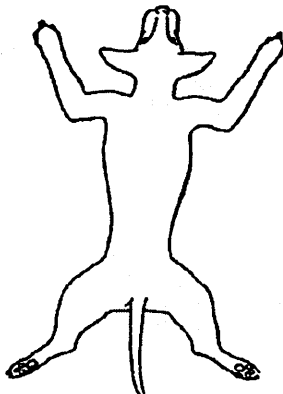
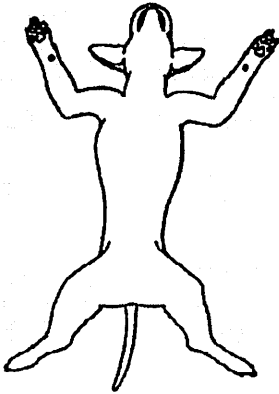
Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 9A107-06Case #: HY-3301-0150Location: Cumberland, VA**IN-FIELD EXAM****ANIMAL PATIENT MEDICAL RECORD - DOG**

In-Field Exam Date: 5/18/22 Clinician(s): McAndrew Initials: MA EF
 Breed: beagle Color: black red + white Neuter: Y/N(circle) Gender: M/F(circle)
 Age / Birth: 10 wks est/Act. (circle) Ear Tag / Tattoo #: CNACT
 Length: 18 (nose to tail) Height: 16.5 (top of the head)

**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS: little spot of hair loss left side

Recommended Treatment (that should be provided by Owner/Operator) : skin scrape

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

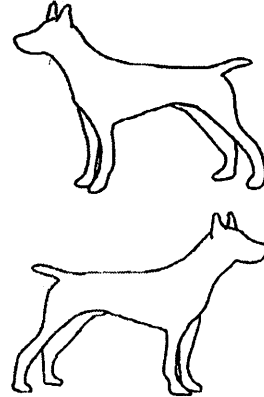
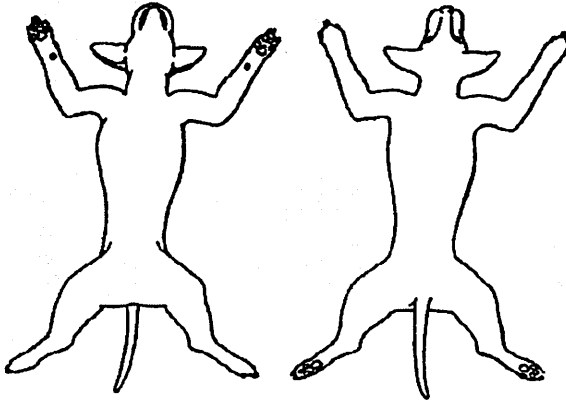
Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAMAnimal ID #: 9A108-03Case #: HY-3301-0150Location: Cumberland, VA**ANIMAL PATIENT MEDICAL RECORD - DOG**

In-Field Exam Date: 5/18/22 Clinician(s): McAndrew Initials: MA - EF
 Breed: leagle Color: black red + white Neuter: Y/N(circle) Gender: M/F(circle)
 Age / Birth: 14 wks est/Act. (circle) Ear Tag / Tattoo #: CNACGM
 Length: 26.5 (nose to tail) Height: 15 (top of the head)

**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS: pale mucus membranesboth ears dirtypatchy hair loss left rear leg + right elbow

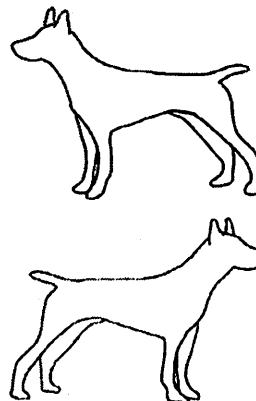
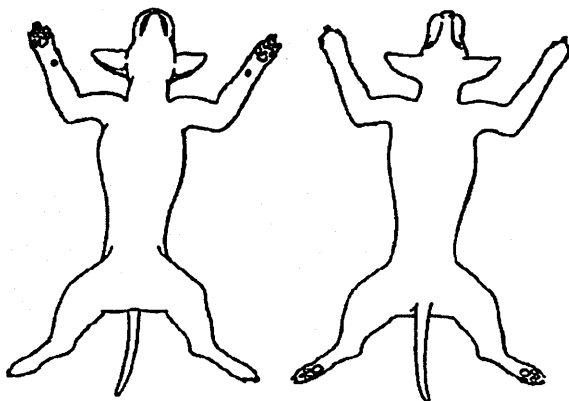
Recommended Treatment (that should be provided by Owner/Operator): possible deworming
ear cleaning

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAMAnimal ID #: 94108-04Case #: HY-3301-0150Location: Cumberland, VA**ANIMAL PATIENT MEDICAL RECORD - DOG**In-Field Exam Date: 5/18/22 Clinician(s): McAndrew Initials: MA EFBreed: beagle Color: red black white Neuter: Y/N(circle) Gender: M/F(circle)Age / Birth: 4 wks est./Act. (circle) Ear Tag / Tattoo #: CNACGPLength: 19 (nose to tail) Height: 16 (top of the head)**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS: hairless top of head
hairless left inner thigh

Recommended Treatment (that should be provided by Owner/Operator) : Skin scrape☐ Dog must be housed separately due to _____

☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

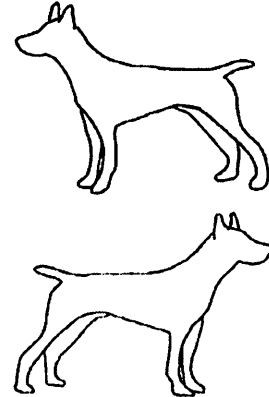
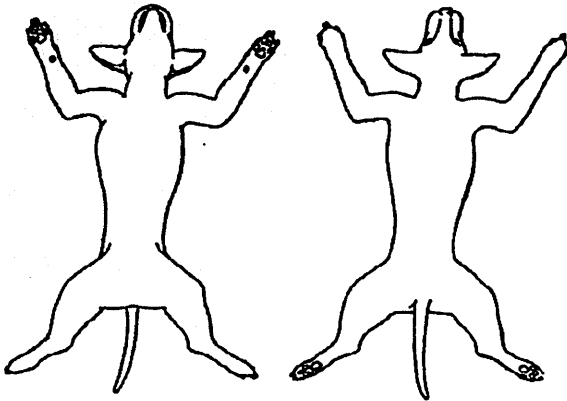
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 9A108-07
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): McAndrew Initials: MA EF
 Breed: beagle Color: black red & white Neuter: Y/N(circle) Gender: M/F(circle)
 Age / Birth: 14wks Est./Act. (circle) Ear Tag / Tattoo #: CNACGN
 Length: 19.5 (nose to tail) Height: 15.5 (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS: raised lump w/ hairloss on back of head

Recommended Treatment (that should be provided by Owner/Operator) : skin scrape

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

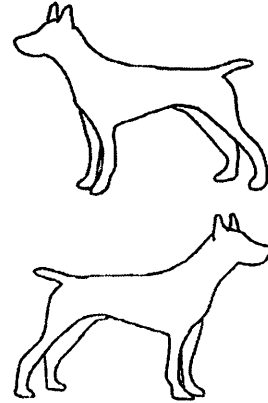
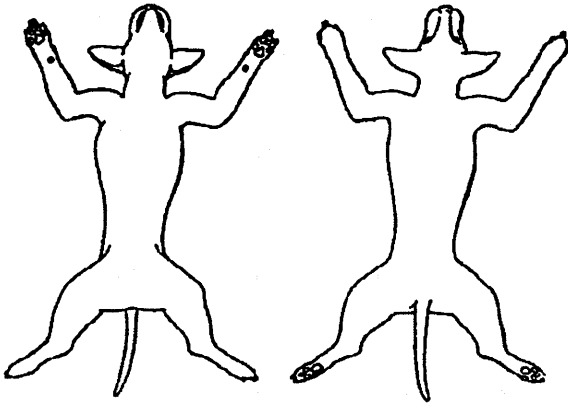
Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 9A111-02Case #: HY-3301-0150Location: Cumberland, VA

IN-FIELD EXAM

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): McAndrew Initials: MA PKBreed: beagle Color: black red white Neuter: Y/(N)(circle) Gender: M/(F)(circle)Age / Birth: 11 wks (est)/Act. (circle) Ear Tag / (Tattoo) #: CNACTYLength: 22 (nose to tail) Height: 15.5 (top of the head)

IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS: reducible umbilical herniaRecommended Treatment (that should be provided by Owner/Operator): surgery required

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

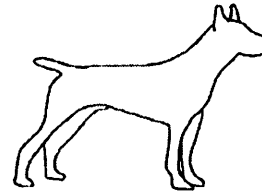
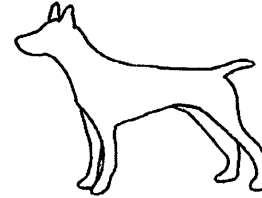
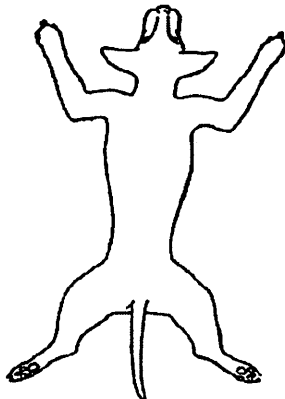
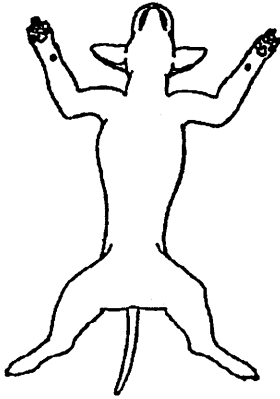
Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 9A111-04Case #: HY-3301-0150Location: Cumberland, VA**IN-FIELD EXAM****ANIMAL PATIENT MEDICAL RECORD - DOG**

In-Field Exam Date: 5/18/22 Clinician(s): McAndrew Initials: MA EF
 Breed: beagle Color: black red white Neuter: Y/N(circle) Gender: M/F(circle)
 Age Birth: 11 wks est/Act. (circle) Ear Tag / (Tattoo) #: CNACFK
 Length: 21 (nose to tail) Height: 16 (top of the head)

**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS: muscle wasting on right rear leg - mild limp

Recommended Treatment (that should be provided by Owner/Operator): further evaluation;
possible radiographs

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

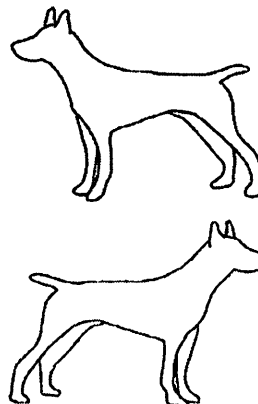
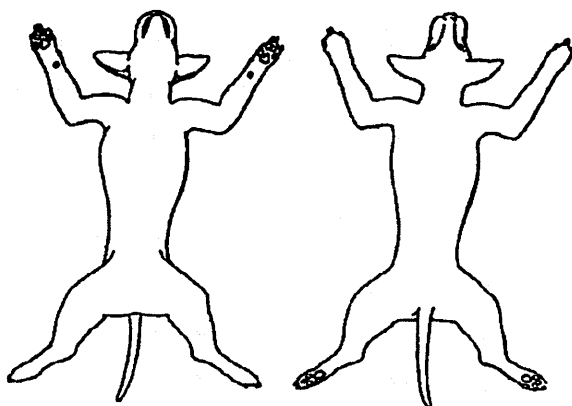
Concurrence (for removal Only): _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 10A1-03Case #: HY-3301-0150Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Gonzalez Initials: AMG TSLBreed: Beagle Color: Tan, Black, White Neuter: Y/☒ N (circle) Gender: ☒ M/☐ F (circle)Age/ Birth: 6 months ☒ Est. (circle) Ear Tag / Tattoo #: CMK CLFLength: 22 in (nose to tail) Height: 18 in (top of the head)

IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Left testicle not descended

Recommended Treatment (that should be provided by Owner/Operator) : Neuter☐ Dog must be housed separately due to _____

☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

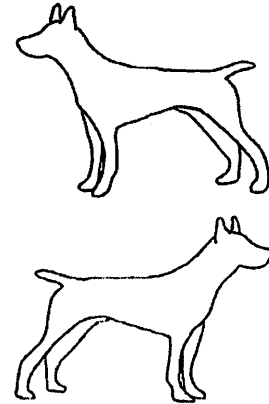
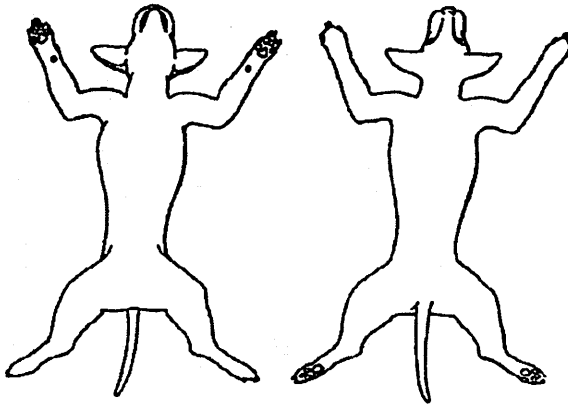
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 10A1-04
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 8th 5-18-22 Clinician(s): Gonzalez Initials: AKG TB
 Breed: Beagle Color: Black, Tan, White Neuter: Y/☒ (circle) Gender: ☒ F (circle)
 Age ☒ Birth: 6 months ☒ Est. ☐ Act. (circle) Ear Tag / Tattoo #: CMK CMR
 Length: 22.5 in (nose to tail) Height: 14 in (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Ear infection in both ears, small amount of redness and dark brown debris.

Recommended Treatment (that should be provided by Owner/Operator): Treat ear infection

☐ Dog must be housed separately due to _____
☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

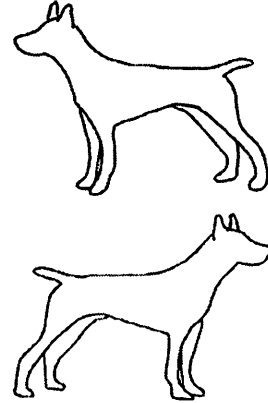
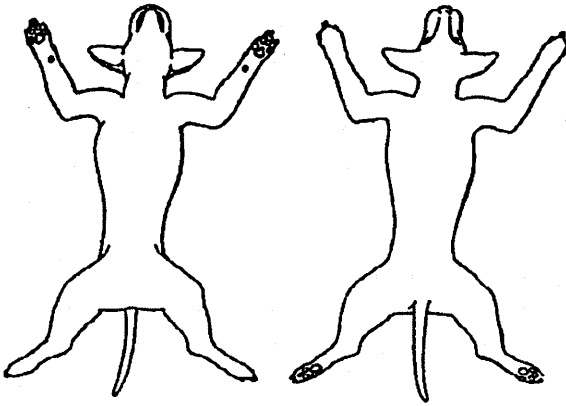
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 10A1-05Case #: HY-3301-0150Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Gonzalez Initials: AMG TLR
 Breed: Beagle Color: Black, Tan, White Neuter: Y/N(circle) Gender: M/F(circle)
 Age Birth: 10 months est. Act. (circle) Ear Tag / Tattoo #: CMK CJK
 Length: 26 in (nose to tail) Height: 17 in (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Hair loss and swelling left front paw.

Recommended Treatment (that should be provided by Owner/Operator): Skin scrape and treatment of skin infection.

☐ Dog must be housed separately due to _____

☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

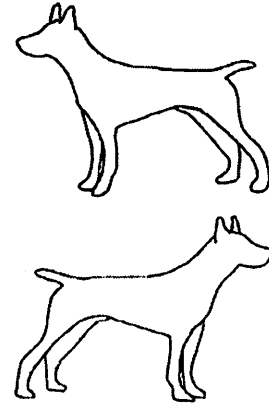
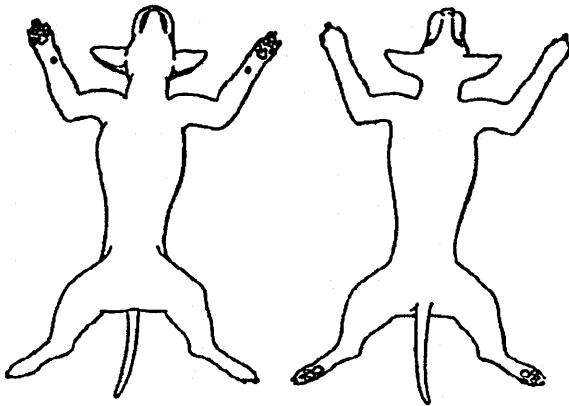
Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 10A1-06Case #: HY-3301-0150Location: Cumberland, VA

IN-FIELD EXAM

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Gonzalez Initials: AMB THZ
 Breed: Beagle Color: Black, Tan, white Neuter: Y/N(circle) Gender: M/F(circle)
 Age / Birth: 6 months (est)/Act. (circle) Ear Tag / Tattoo #: CMK CNL
 Length: 27 in (nose to tail) Height: 17 in (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Mild ear infection in both ears. Swollen and red - all four paws.

Recommended Treatment (that should be provided by Owner/Operator): Treatment of ear and skin infections. Dry, clean flooring.

☐ Dog must be housed separately due to _____
☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

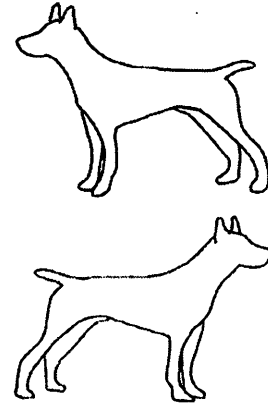
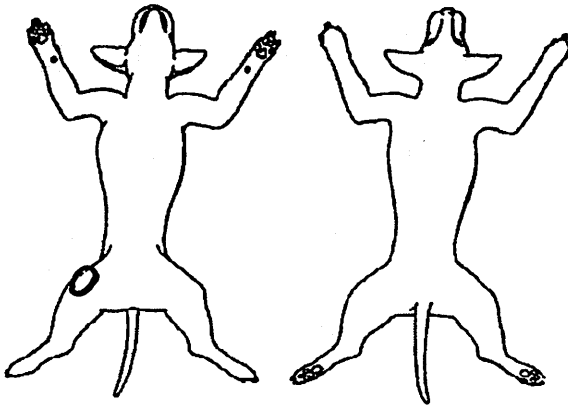
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 16A3-03Case #: HY-3301-0150Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Gonzalez Initials: Amg Tbr
 Breed: Beagle Color: Red, Black, White Neuter: Y/N (circle) Gender: (M) F (circle)
 Age / Birth: 6 months (est) / Act. (circle) Ear Tag / Tattoo #: CMK CSE
 Length: 23 in (nose to tail) Height: 17.5 in (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Redness and swelling both front feet. Hair loss and redness above right knee.

Recommended Treatment (that should be provided by Owner/Operator): Skin scrape and treatment of skin infection. Dry, clean flooring

☐ Dog must be housed separately due to _____
☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

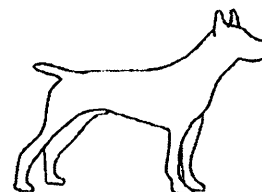
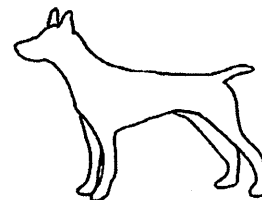
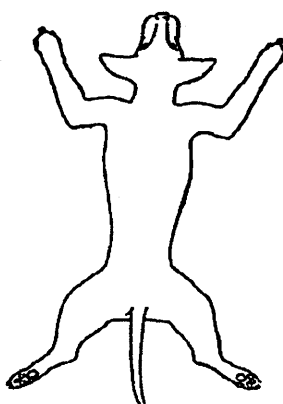
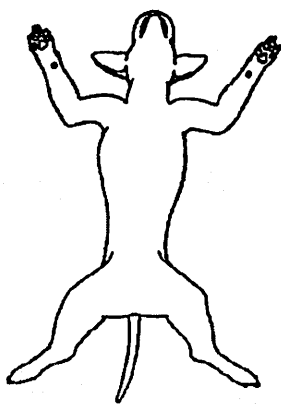
Concurrence (for removal Only): _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 1DA4-03Case #: HY-3301-0150Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Gonzalez Initials: PMGBreed: Beagle Color: Red, Black, White Neuter: Y / N (circle) Gender: M / F (circle)Age / Birth: 6 months est / Act. (circle) Ear Tag / Tattoo #: CMK CNULength: 25 in (nose to tail) Height: 16 in (top of the head)

IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Hair thinning above right eye.

Recommended Treatment (that should be provided by Owner/Operator): Skin scrape.

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

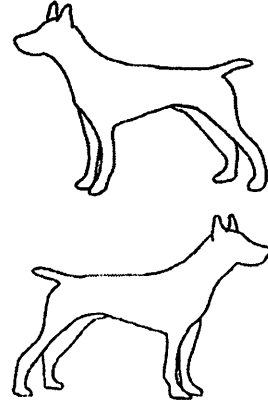
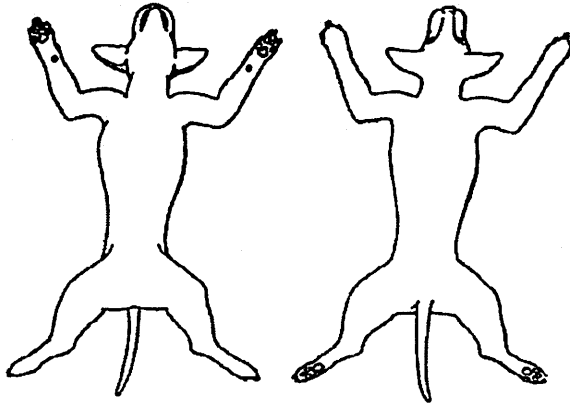
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 10A4-04
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Gonzalez Initials: AMB DR
 Breed: Beagle Color: Tan, Black, White Neuter: Y/N (circle) Gender: M/F (circle)
 Age/ Birth: 6 months est./Act. (circle) Ear Tag / Tattoo #: CMK CRK
 Length: 25 in (nose to tail) Height: 15 in (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Mild redness and debris in ears (both).

Recommended Treatment (that should be provided by Owner/Operator): Ear medication.

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

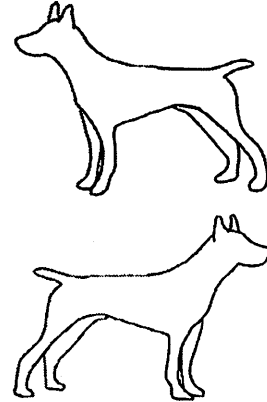
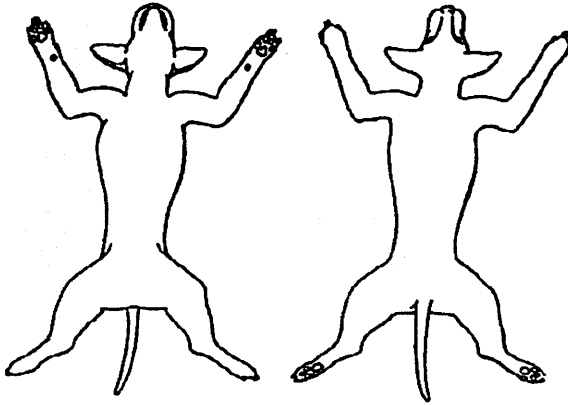
Dr. Samantha Moffitt, Lead Veterinarian

 **IN-FIELD EXAM**

Animal ID #: IDA4-06
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Gonzalez Initials: Anna R
 Breed: Beagle Color: Red, Black, White Neuter: Y/☒ (circle) Gender: ☒ F (circle)
 Age / Birth: 6 months ☒ Est/Act. (circle) Ear Tag / Tattoo #: CMK CNR
 Length: 27 in (nose to tail) Height: 16 in (top of the head)

**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Moderate redness and debris in both ears.

Recommended Treatment (that should be provided by Owner/Operator) : Ear medication.

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

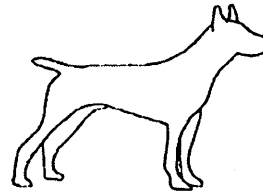
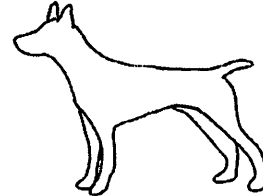
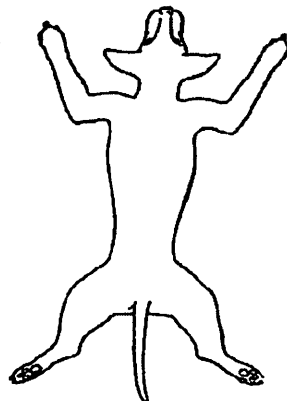
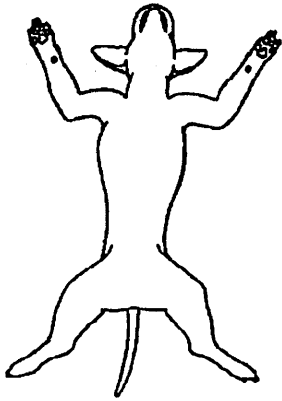
Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 10A40-04Case #: HY-3301-0150Location: Cumberland, VA**IN-FIELD EXAM****ANIMAL PATIENT MEDICAL RECORD - DOG**

In-Field Exam Date: 5/18/22 Clinician(s): Kuzdas Initials: KK MN
 Breed: Beagle Color: Black tan white Neuter: Y/☒ (circle) Gender: ☒ M / F (circle)
 Age / Birth: 12 weeks (est.) / Act. (circle) Ear Tag / Tattoo #: CNBBBK
 Length: 17 inches (nose to tail) Height: 11 inches (top of the head)

**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input checked="" type="checkbox"/> 2 - Very Thin	<input checked="" type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Underweight and thin, very quiet
and subdued

Recommended Treatment (that should be provided by Owner/Operator): Monitor. Improve nutrition

- ☒ Dog must be housed separately due to underweight
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

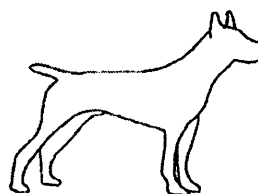
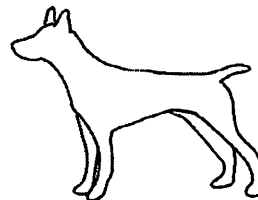
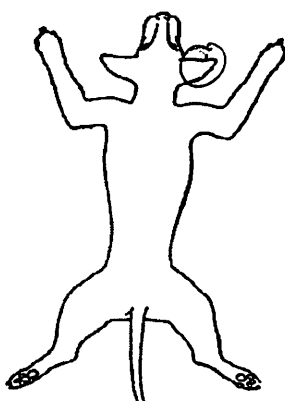
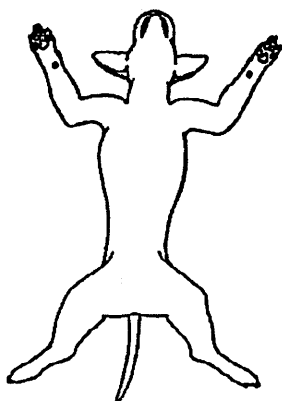
Concurrence (for removal Only): _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 10A40-05Case #: HY-3301-0150Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Kuzdas Initials: KK MNBreed: Beagle Color: Black tan white Neuter: Y ☒ N (circle) Gender: ☒ M / F (circle)Age / Birth: 12 weeks (est) / Act. (circle) Ear Tag / Tattoo #: CNB CBELength: 21 inches (nose to tail) Height: 12 inches (top of the head)

IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

mild yeast infection or ear mites
in right ear

Recommended Treatment (that should be provided by Owner/Operator): Clean and treat
eye for conditions mentioned in Medical Findings

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

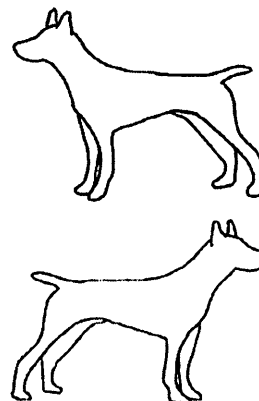
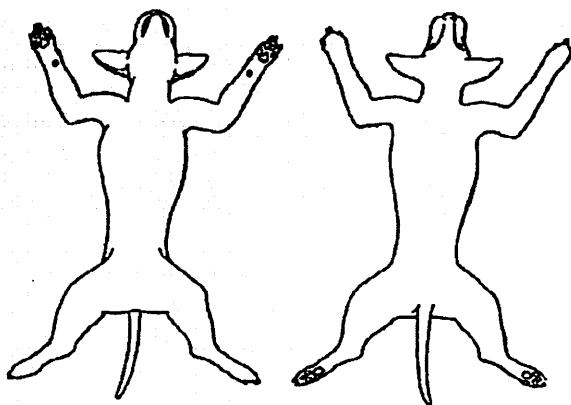
Concurrence (for removal Only): _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 10A7D-04Case #: HY-3301-0150Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Gonzalez Initials: AMG JRBreed: Beagle Color: Tan, Black/white Neuter: Y/☒ (circle) Gender: ☒ M / F (circle)Age / Birth: 8 weeks est./Act. (circle) Ear Tag / Tattoo #: CNC CIELength: 13 in (nose to tail) Height: 10.5 in (top of the head)

IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Mild discharge from right eye

Recommended Treatment (that should be provided by Owner/Operator) : Eye medication☐ Dog must be housed separately due to _____

☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

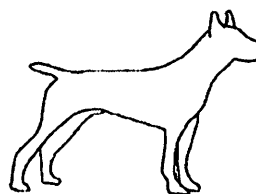
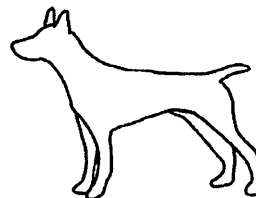
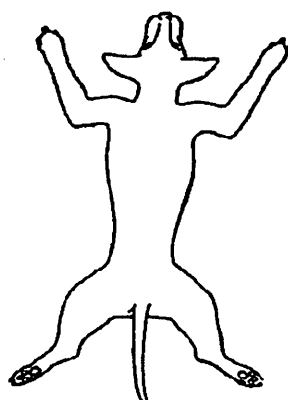
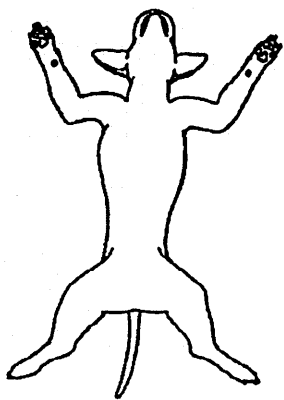
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 10A71-01
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Gonzalez Initials: AMG/TM
 Breed: Beagle Color: Tan, Black, White Neuter: Y/☒ (circle) Gender: ☒ / F (circle)
 Age / Birth: 6 weeks ☒ Est./Act. (circle) Ear Tag / Tattoo #: CNC CIM
 Length: 11 in (nose to tail) Height: 9 in (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Green discharge from both eyes

Recommended Treatment (that should be provided by Owner/Operator): Antibiotics / eye ointment to treat infection.

☐ Dog must be housed separately due to _____

☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

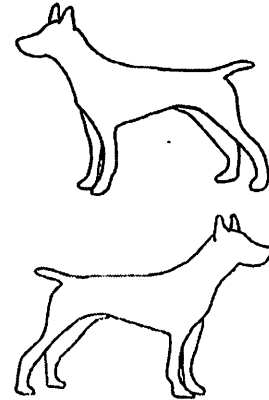
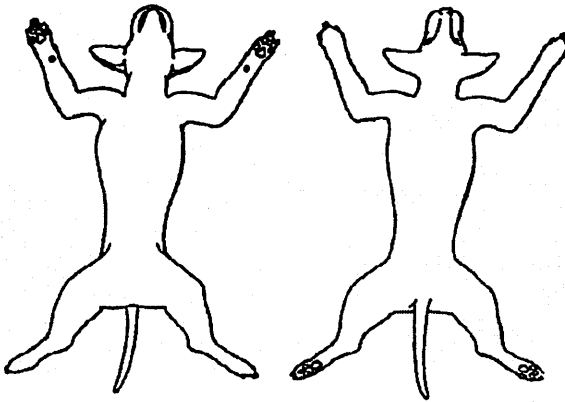
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 10A71-03
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Gonzalez Initials: AMG TLR
 Breed: Beagle Color: Red, Black, white Neuter: Y/☒ (circle) Gender: ☒ / F (circle)
 Age/ Birth: 6 weeks est./Act. (circle) Ear Tag / Tattoo #: CND CAC
 Length: 11.5 in (nose to tail) Height: 9.5 in (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Cloudy nasal discharge

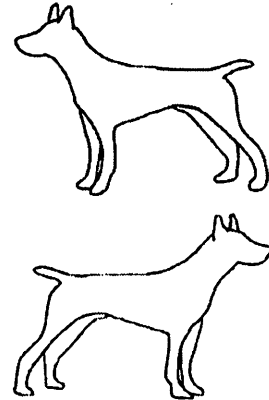
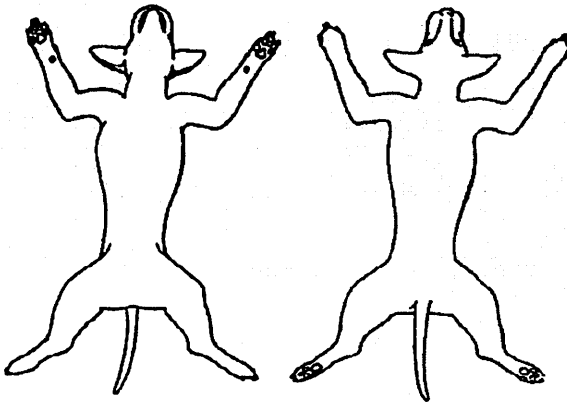
Recommended Treatment (that should be provided by Owner/Operator): Antibiotics for respiratory infection

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAMAnimal ID #: 10A71-05Case #: HY-3301-0150Location: Cumberland, VA**ANIMAL PATIENT MEDICAL RECORD - DOG**In-Field Exam Date: 5/18/22 Clinician(s): Gonzalez Initials: AMG TbeBreed: Beagle Color: Tan, Black, White Neuter: Y/B (circle) Gender: M F (circle)Age / Birth: 6 weeks Est/Act. (circle) Ear Tag / Tattoo #: CND CABLength: 12 in (nose to tail) Height: 10 in (top of the head)**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input checked="" type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:Thin - poor body condition.Recommended Treatment (that should be provided by Owner/Operator): Dewormer, proper nutrition☐ Dog must be housed separately due to _____

☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

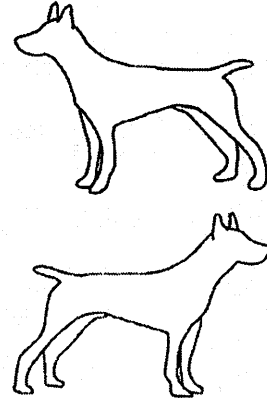
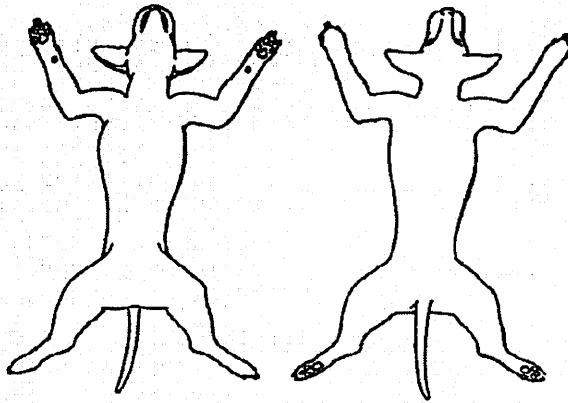
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 10A71-06
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Gonzalez Initials: PMG MR
 Breed: Beagle Color: Tan, Black, White Neuter: Y/☒ (circle) Gender: ☒ M/☐ F (circle)
 Age/ Birth: 6 weeks (est)/Act. (circle) Ear Tag / Tattoo #: CNC CJW
 Length: 12 in (nose to tail) Height: 8 in (top of the head)

**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input checked="" type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Cloudy nasal discharge, distended abdomen, mild discharge from both eyes.

Recommended Treatment (that should be provided by Owner/Operator): Antibiotics for respiratory infection, dewormer, eye antibiotic ointment

☐ Dog must be housed separately due to _____
☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

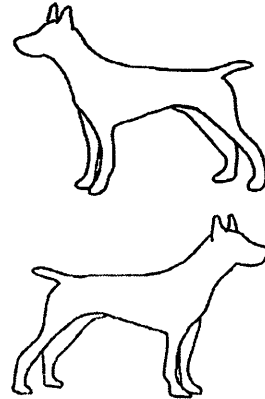
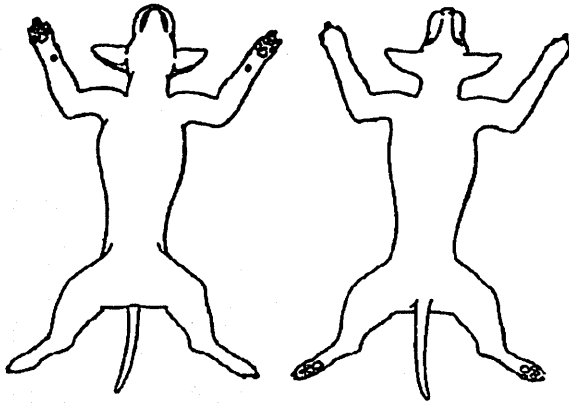
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 10A71-07
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Gonzalez Initials: AMG IMZ
 Breed: Beagle Color: Tan, Black, White Neuter: Y/☒N(circle) Gender: ☒M/F(circle)
 Age/ Birth: 10 weeks Est./Act. (circle) Ear Tag / Tattoo #: LAC CSIT
 Length: 11 in (nose to tail) Height: 9 in (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Discharge from the nose and eyes

Recommended Treatment (that should be provided by Owner/Operator) : Antibiotics and eye ointment

☐ Dog must be housed separately due to _____
☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

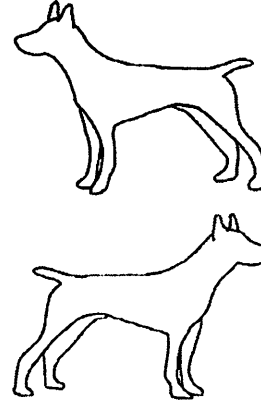
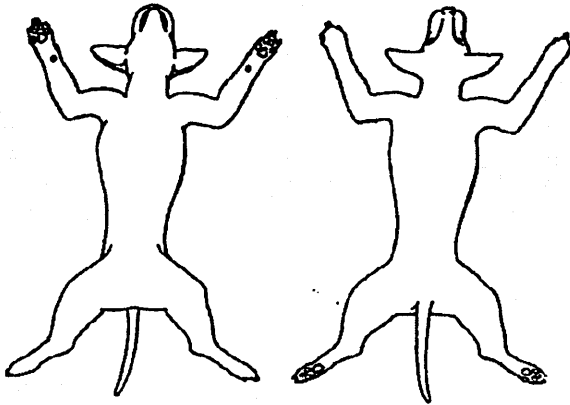
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 10A72-01
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Gonzalez Initials: AMG Taz
 Breed: Beagle Color: Tan, Black, White Neuter: Y/☒N(circle) Gender: ☒M(circle)
 Age / Birth: 8 weeks est/Act. (circle) Ear Tag / Tattoo #: CND CAD
 Length: 11 in (nose to tail) Height: 8.5 in (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Very distended abdomen.

Recommended Treatment (that should be provided by Owner/Operator) : Dewormer.

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

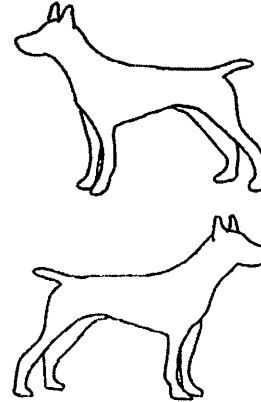
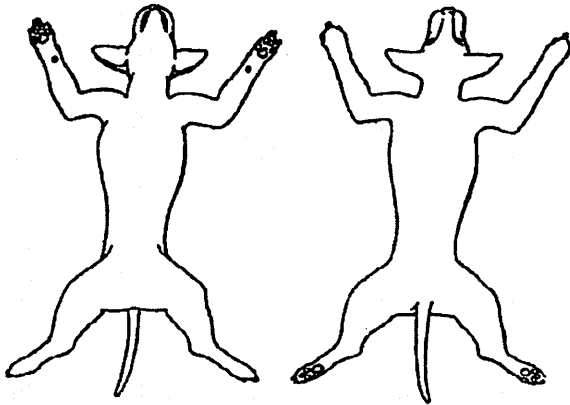
Dr. Samantha Moffitt, Lead Veterinarian

 **IN-FIELD EXAM**

Animal ID #: 10A72-04
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Gonzalez Initials: _____
 Breed: Beagle Color: Red, Black, White Neuter: Y/☒ (circle) Gender: ☒ F (circle)
 Age / Birth: 8 weeks ☒ Est./Act. (circle) Ear Tag / Tattoo #: CNC CSX
 Length: 12 in (nose to tail) Height: 8 in (top of the head)

**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Distended abdomen.

Recommended Treatment (that should be provided by Owner/Operator) : Dewormer.

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

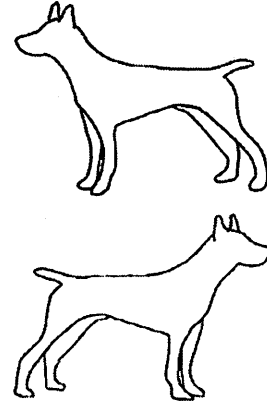
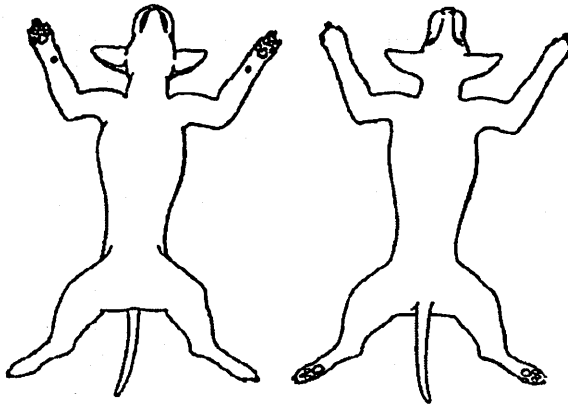
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 10A72-06
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Gonzalez Initials: Ames AK
 Breed: Beagle Color: Red, Black, white Neuter: Y/☒ (circle) Gender: ☒ F (circle)
 Age / Birth: 8 weeks ☒ est/☐ Act. (circle) Ear Tag / Tattoo #: CNC CSU
 Length: 13 in (nose to tail) Height: 12.5 in (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Hair loss behind left ear, cloudy discharge from nose.

Recommended Treatment (that should be provided by Owner/Operator): Skin scrape, antibiotics for respiratory infection.

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

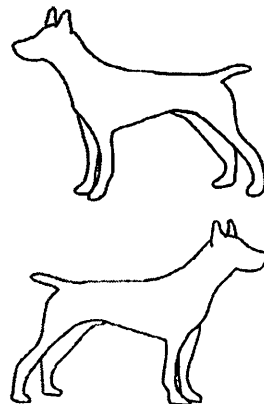
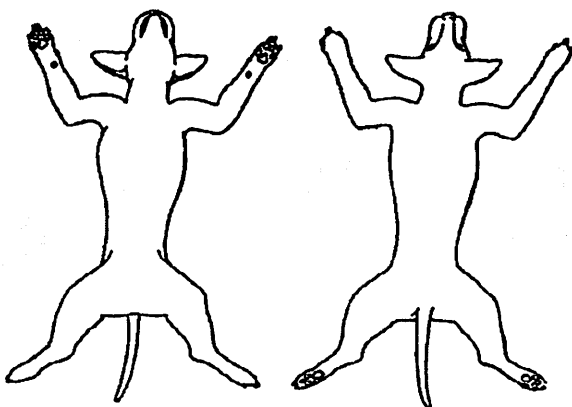
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 60A72-07
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Gonzalez Initials: AMW th
 Breed: Beagle Color: Tan, Black & white Neuter: Y/N(circle) Gender: M/F(circle)
 Age/ Birth: 8 weeks (est)/Act. (circle) Ear Tag / Tattoo #: CND CAA
 Length: 12 in (nose to tail) Height: 8 in (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Distended abdomen.

Recommended Treatment (that should be provided by Owner/Operator) : De-wormer.

☐ Dog must be housed separately due to _____

☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

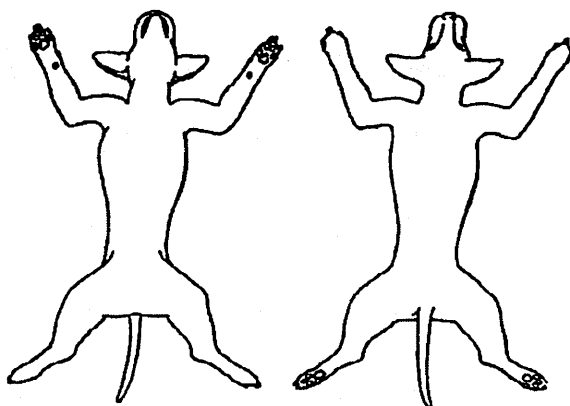
Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 10A73-02Case #: HY-3301-0150Location: Cumberland, VA

IN-FIELD EXAM

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Gonzalez Initials: AMG TM
 Breed: Beagle Color: Tan, Black, White Neuter: Y/☒N(circle) Gender: ☒M/F(circle)
 Age / Birth: 8 Weeks ☒Est/Act. (circle) Ear Tag / Tattoo #: CNC GIU
 Length: 15 in (nose to tail) Height: 11.5 in (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Reducible umbilical hernia (open belly button).

Recommended Treatment (that should be provided by Owner/Operator): Hernia repair

☐ Dog must be housed separately due to _____

☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

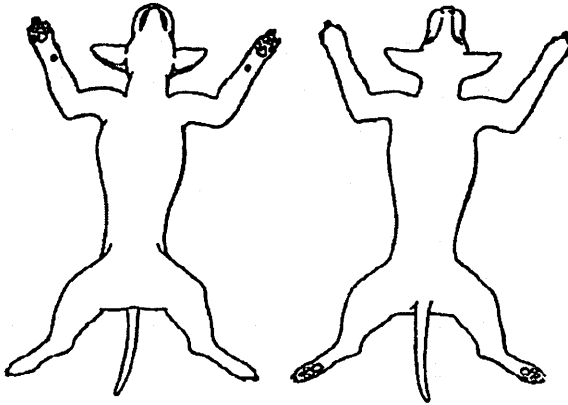
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 10A73-03Case #: HY-3301-0150Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Gonzalez Initials: AMG TM
 Breed: Beagle Color: Red, Black, white Neuter: Y/☒ (circle) Gender: ☒ F (circle)
 Age / Birth: 8 weeks Est./Act. (circle) Ear Tag / Tattoo #: CWC CIW
 Length: 14 in (nose to tail) Height: 11.5 in (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Reducible umbilical hernia (open belly button)

Recommended Treatment (that should be provided by Owner/Operator) : Hernia repair.

☐ Dog must be housed separately due to _____

☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

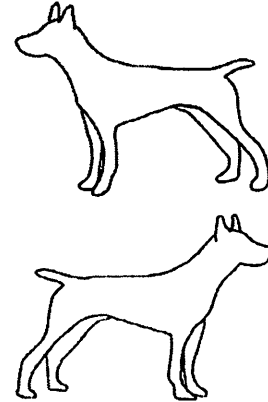
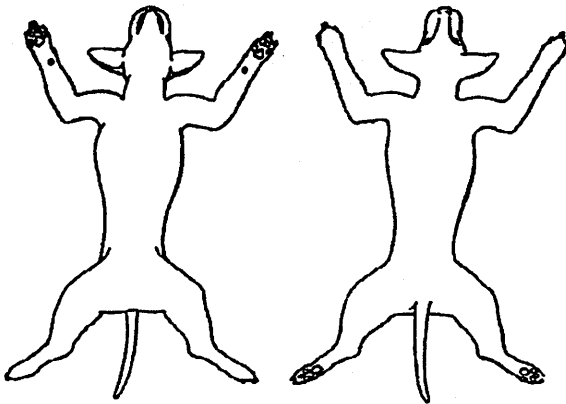
Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 10A73-05Case #: HY-3301-0150Location: Cumberland, VA

IN-FIELD EXAM

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Gonzalez Initials: AMG TKR
 Breed: Beagle Color: Tan, Black, White Neuter: Y/N (circle) N Gender: M/F (circle)
 Age / Birth: 89 weeks est./Act. (circle) est. Ear Tag / Tattoo #: CNC CIX
 Length: 13 in (nose to tail) Height: 9.5 in (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Very distended abdomen. Reducible umbilical hernia
(open belly button).

Recommended Treatment (that should be provided by Owner/Operator): Hernia repair. Dewormer.

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

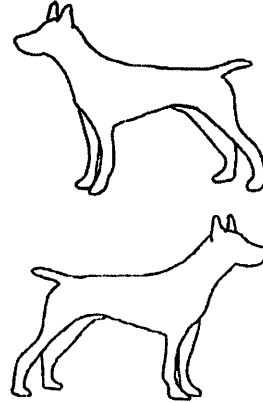
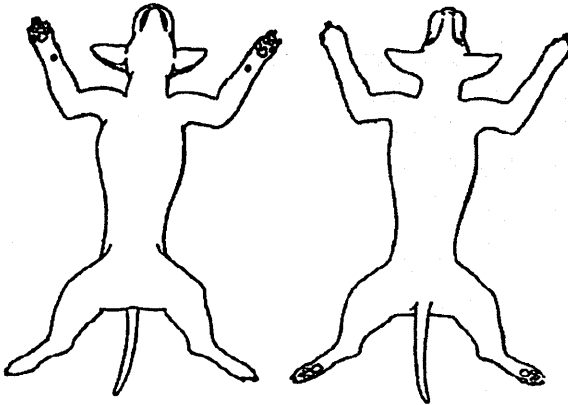
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 16A73-07Case #: HY-3301-0150Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Gonzalez Initials: AMG JR
 Breed: Beagle Color: Tan, Black, white Neuter: Y/(N)(circle) Gender: (M)/F (circle)
 Age/ Birth: 8 weeks ~~8 w~~/Act. (circle) Ear Tag /Tattoo #: CND CAR
 Length: 12 in (nose to tail) Height: 10 in (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Very distended abdomen.

Recommended Treatment (that should be provided by Owner/Operator) : Dewormer.

☐ Dog must be housed separately due to _____

☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

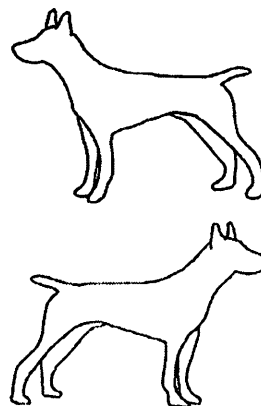
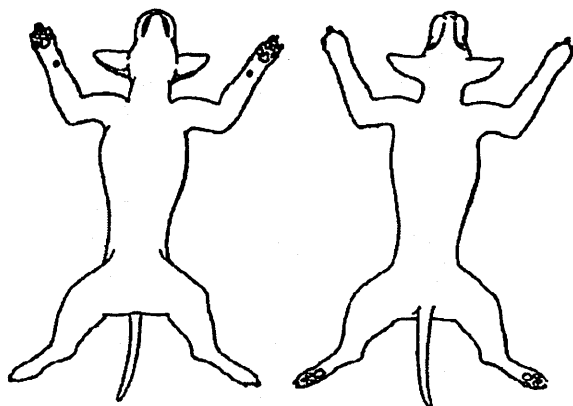
Dr. Samantha Moffitt, Lead Veterinarian

 **IN-FIELD EXAM**

Animal ID #: 10A74-03
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Gonzalez Initials: AMG Tbr
 Breed: Beagle Color: Tan, Black, white Neuter: Y/☒ (circle) Gender: ☒ / F (circle)
 Age / Birth: 8 to 10 weeks est/Act. (circle) Ear Tag / Tattoo #: CNC LSE
 Length: 13 in (nose to tail) Height: 10 in (top of the head)

**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Distended abdomen.

Recommended Treatment (that should be provided by Owner/Operator) : Dewormer.

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

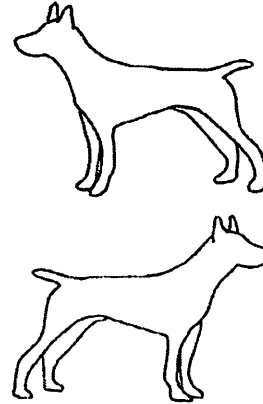
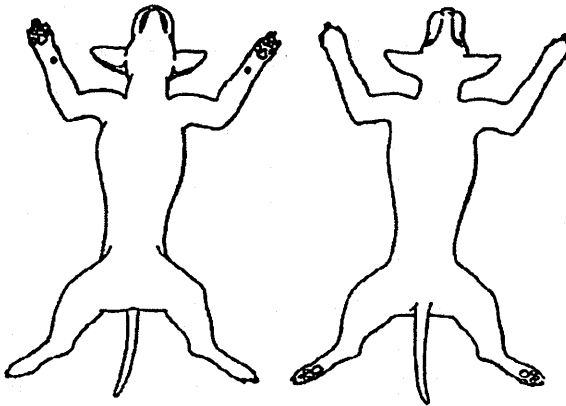
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 16A75-02Case #: HY-3301-0150Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Gonzalez Initials: AMG TAZ
 Breed: Beagle Color: Black, Red, white Neuter: Y/☒ (circle) Gender: ☒ / F (circle)
 Age/ Birth: 8 weeks (est)/Act. (circle) Ear Tag / Tattoo #: LN3 LSN
 Length: 12 in (nose to tail) Height: 7 in (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Green discharge from right eye.

Recommended Treatment (that should be provided by Owner/Operator): Eye medication.

☐ Dog must be housed separately due to _____

☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

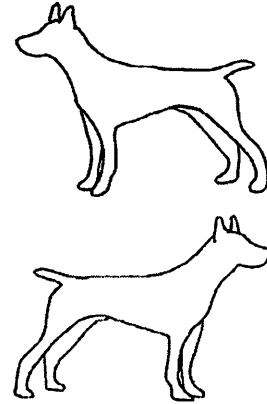
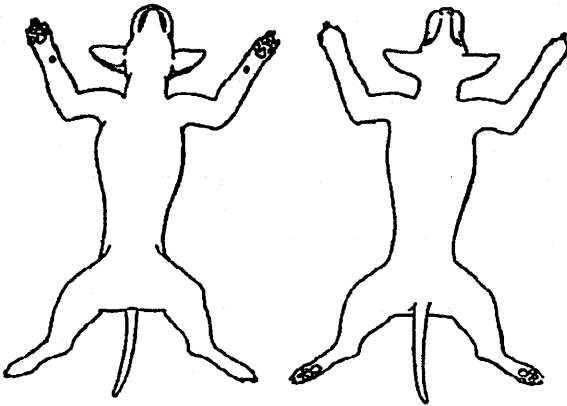
Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: ¹⁰²~~10A~~ 10A75-03
 Case #: HY-3301-0150
 Location: Cumberland, VA

IN-FIELD EXAM

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Gonzalez Initials: AWG
 Breed: Beagle Color: Red, Black, White Neuter: Y/☒ (circle) Gender: ☒ / F (circle)
 Age: 8 weeks Birth: 8 weeks Est./Act. (circle) Ear Tag/Tattoo #: CND CAK
 Length: 13 in (nose to tail) Height: 10.5 in (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Green discharge from nose, distended abdomen.

Recommended Treatment (that should be provided by Owner/Operator): Antibiotics for respiratory infection Dewormer.

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

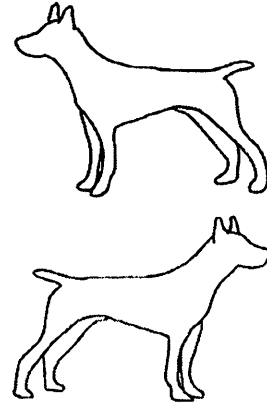
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 10A76-01Case #: HY-3301-0150Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Macdougall Initials: _____
 Breed: Beagle Color: Blk/Red/White (Tri) Neuter: Y / N (circle) Gender: M / F (circle)
 Age / Birth: _____ est./Act. (circle) Ear Tag / Tattoo #: illigable
 Length: 24 inches (nose to tail) Height: 14 inc (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS: chronic wound - left ear - secondary to bite

Recommended Treatment (that should be provided by Owner/Operator): _____

topical Antibiotic therapy

☐ Dog must be housed separately due to _____

☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

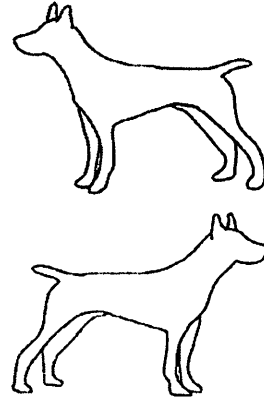
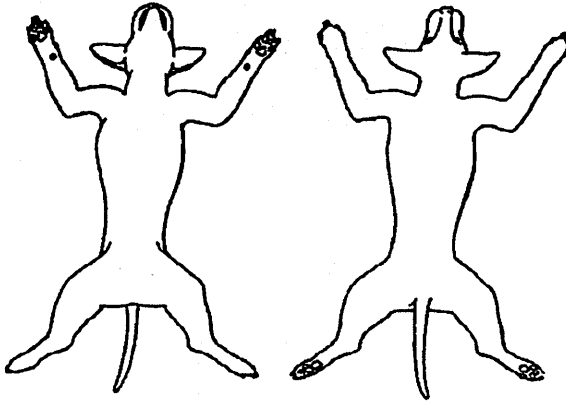
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 10A81-04
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): MACDOUGALL Initials: _____
 Breed: Beagle Color: TH Neuter: Y / N (circle) Gender: M / F (circle)
 Age / Birth: 1 year est./Act. (circle) Ear Tag / Tattoo #: CMJ-CNT
 Length: 20 (nose to tail) Height: 13 (top of the head)

**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS: RETAINED K9-204

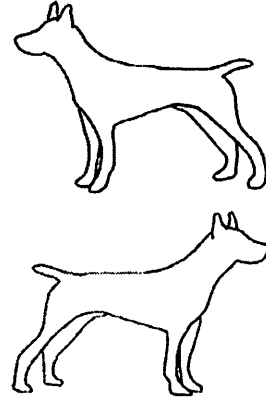
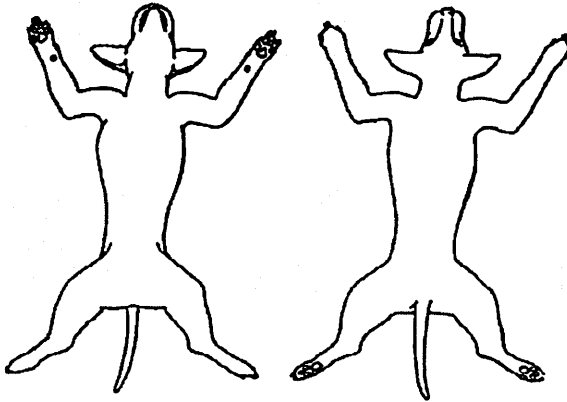
Recommended Treatment (that should be provided by Owner/Operator) : TOOTH EXTRACTION OF 204

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 10A82-01Case #: HY-3301-0150Location: Cumberland, VA**IN-FIELD EXAM****ANIMAL PATIENT MEDICAL RECORD - DOG**In-Field Exam Date: 5/18/22 Clinician(s): MAC DONALD Initials: _____Breed: Beagle Color: Tri- Neuter: Y/N (circle) Gender: M ☒ (circle)Age / Birth: 1.5 years est./Act. (circle) Ear Tag / Tattoo #: CMJ-CCULength: 20 in (nose to tail) Height: 15 in (top of the head)**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS: RETAINED 204 kgRecommended Treatment (that should be provided by Owner/Operator) : extraction of tooth 204 kg☐ Dog must be housed separately due to _____

☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

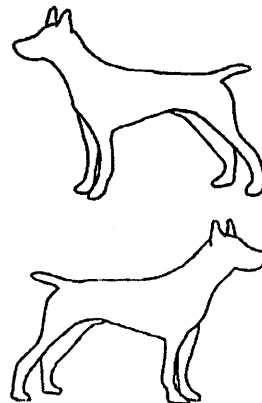
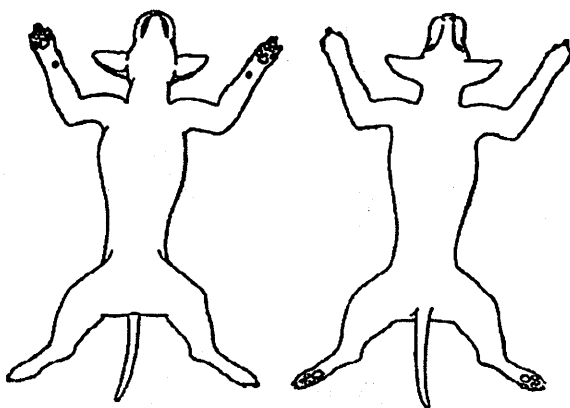
Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 10A86-04Case #: HY-3301-0150Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): MACDOUGALL Initials: _____Breed: Beagle Color: tri- Neuter: Y / N (circle) Gender: M ☒ (circle)Age / Birth: 1.5 YEARS est./Act. (circle) Ear Tag / Tattoo #: CMJ-CPGLength: 21 in (nose to tail) Height: 16 in (top of the head)

IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

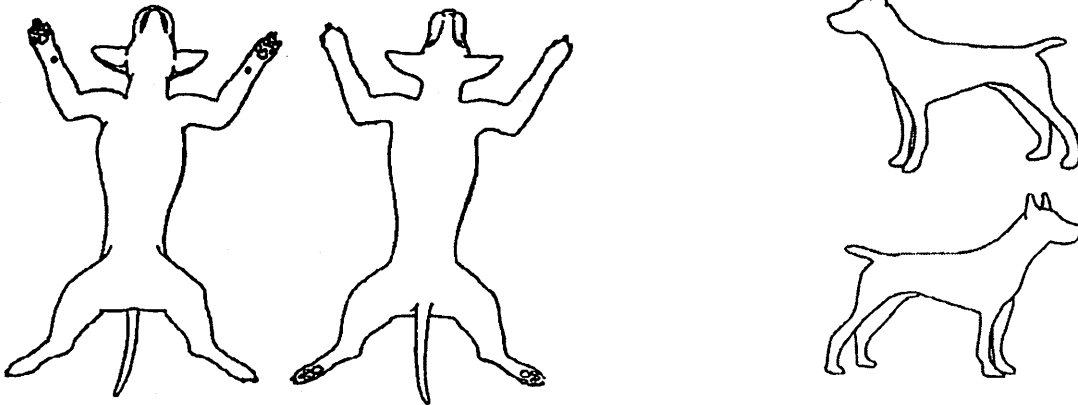
RETAINED K9 104/204Recommended Treatment (that should be provided by Owner/Operator) : RECOMMEND EXTRACTION
OF 104/204

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

 **IN-FIELD EXAM**
Animal ID #: 10A88-02Case #: HY-3301-0150Location: Cumberland, VA**ANIMAL PATIENT MEDICAL RECORD - DOG**In-Field Exam Date: 5/18/22 Clinician(s): MACDOUGALL Initials: _____Breed: Beagle Color: tn Neuter: Y / N (circle) Gender: M / F (circle)Age / Birth: 1.5 yrs est./Act. (circle) Ear Tag / Tattoo #: CMG-ETPLength: 23 (nose to tail) Height: 17 (top of the head)**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:Granulating wound right elbowRecommended Treatment (that should be provided by Owner/Operator): Topical treatment for wound

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

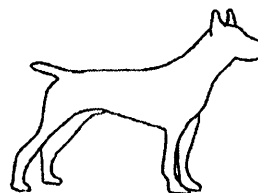
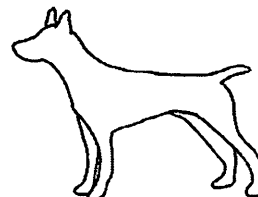
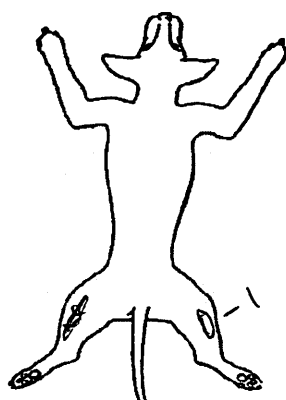
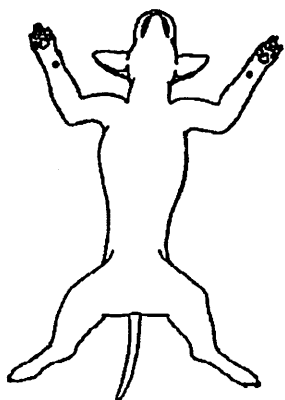
Dr. Samantha Moffitt, Lead Veterinarian

 **IN-FIELD EXAM**

Animal ID #: 10A90-04
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): MACDOUGALL Initials: _____
 Breed: Beagle Color: Tri- Neuter: Y / N (circle) Gender: M / F (circle)
 Age / Birth: 1Y 8M est./Act. (circle) Ear Tag / Tattoo #: CRK RD
 Length: 22 (nose to tail) Height: 17 (top of the head)

**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS: (1) THINNING OF THE RIGHT HIND LEG

Recommended Treatment (that should be provided by Owner/Operator) : Recommend skin scrape

☐ Dog must be housed separately due to _____
☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

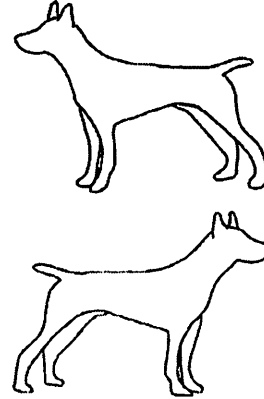
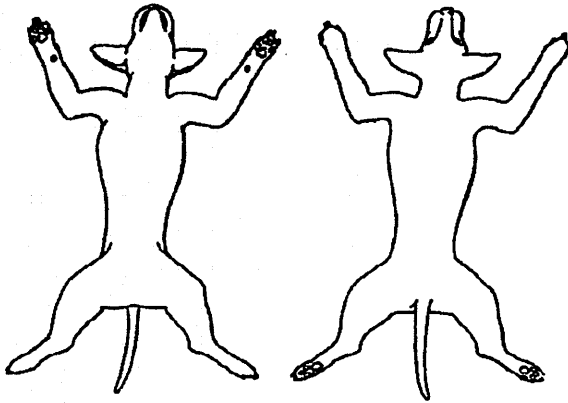
Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 10A94-03Case #: HY-3301-0150Location: Cumberland, VA**IN-FIELD EXAM****ANIMAL PATIENT MEDICAL RECORD - DOG**

In-Field Exam Date: 5/18/22 Clinician(s): MacDougall Initials: AM
 Breed: Beagle Color: Tr Neuter: Y / N (circle) Gender: M / F (circle)
 Age / Birth: ~1.5 est./Act. (circle) Ear Tag / Tattoo #: CMH CPG
 Length: 24 (nose to tail) Height: 16 (top of the head)

**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Left foot rear dermatitis
clean foot

Recommended Treatment (that should be provided by Owner/Operator) : clean feet

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

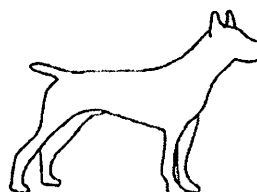
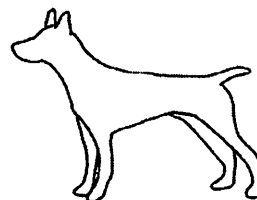
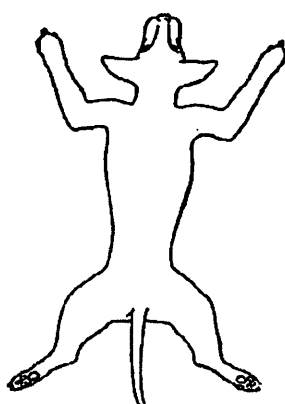
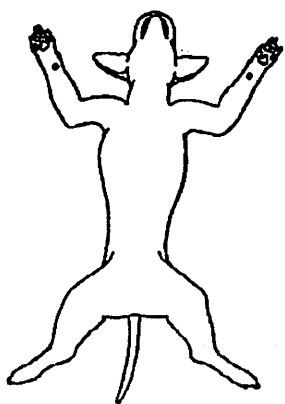
Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 10A108-01Case #: HY-3301-0150Location: Cumberland, VA**IN-FIELD EXAM****ANIMAL PATIENT MEDICAL RECORD - DOG**

In-Field Exam Date: 5-18-22 Clinician(s): DR. BEARDEN Initials: BB
 Breed: BEAGLE Color: BLACK-BROWN-WHITE Neuter: UNKNOWN Y/N (circle) Gender: M (F) (circle)
 Age / Birth: 1 (est./Act. (circle)) Ear Tag / Tattoo #: CMJ COT
 Length: 22.5" (nose to tail) Height: 16" (top of the head)

**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:ABSCESS ON HEADRecommended Treatment (that should be provided by Owner/Operator) : ANTIBIOTIC FOR ABSCESS

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

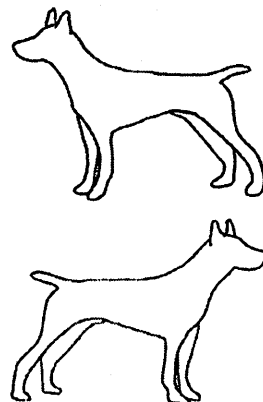
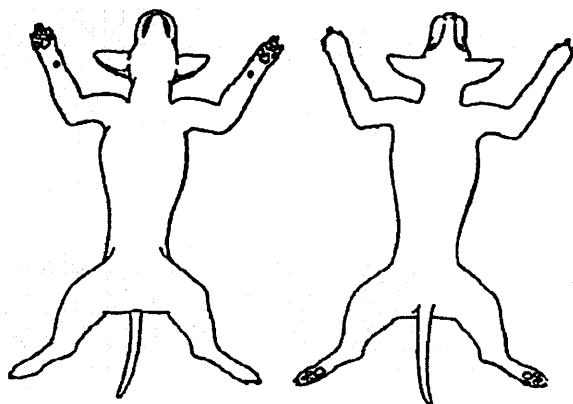
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 2041-01
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/2022 Clinician(s): Whitaker Initials: MSW
 Breed: Basset Color: Black Face White Neuter: Y / N (circle) Gender: M / F (circle)
 Age / Birth: 2 years est./Act. (circle) Ear Tag / Tattoo #: inside
 Length: 27 inch (nose to tail) Height: 12 inch (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

7 PUPPES, Grade 2 Dental Disease

Recommended Treatment (that should be provided by Owner/Operator) : Dental

☐ Dog must be housed separately due to _____

☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

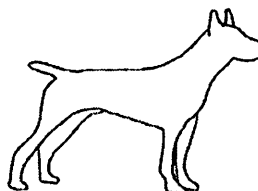
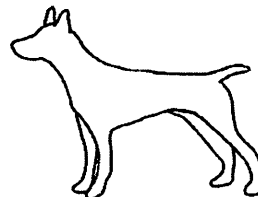
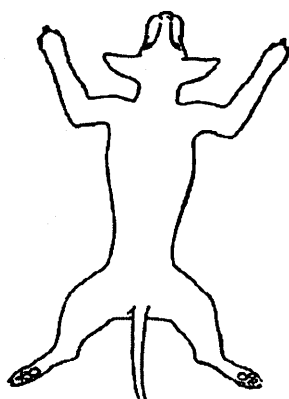
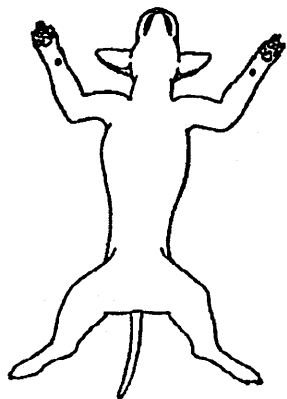
Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 2015-01
 Case #: HY-3301-0150
 Location: Cumberland, VA

IN-FIELD EXAM**ANIMAL PATIENT MEDICAL RECORD - DOG**

In-Field Exam Date: 3/18/22 Clinician(s): Whitaker Initials: AW
 Breed: Beagle Color: Black & White Neuter: Y/N (circle) Gender: M/F (circle)
 Age / Birth: 4 years est./Act. (circle) Ear Tag / Tattoo #: CIRCPA
 Length: 28 inches (nose to tail) Height: 20 inch (top of the head)

**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

6 PUPPIES, Grade 3 Dental Disease

Recommended Treatment (that should be provided by Owner/Operator) : Dental prophylaxis

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

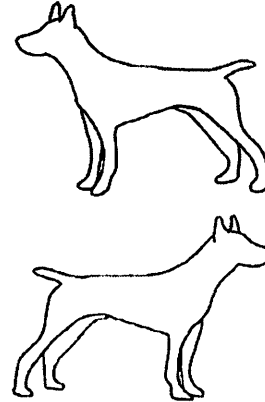
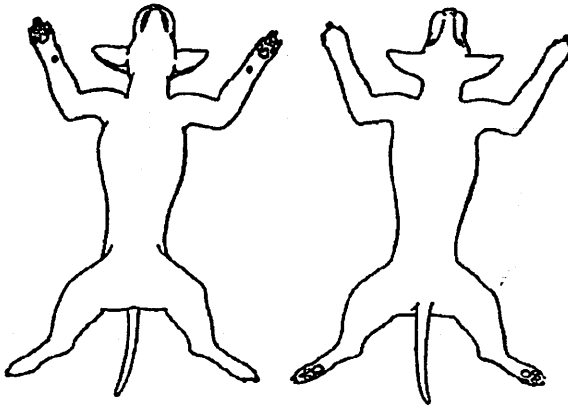
Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 20A6-01
 Case #: HY-3301-0150
 Location: Cumberland, VA

IN-FIELD EXAM**ANIMAL PATIENT MEDICAL RECORD - DOG**

In-Field Exam Date: 5/18/22 Clinician(s): Whitaker Initials: MEW
 Breed: Beagle Color: Black & White Neuter: Y / N (circle) Gender: M / F (circle)
 Age / Birth: 2 years est./Act. (circle) Ear Tag / Tattoo #: CROCB
 Length: 29 in (nose to tail) Height: 19 in (top of the head)

**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Grade 2 Dental Disease, patch of thin hair on
back

Recommended Treatment (that should be provided by Owner/Operator): Dental Prophy

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

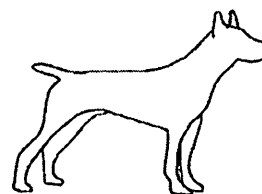
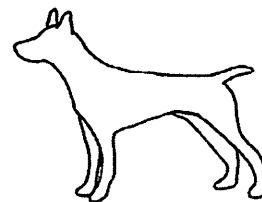
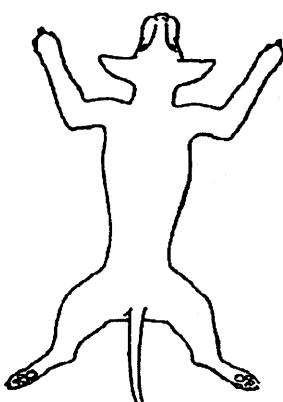
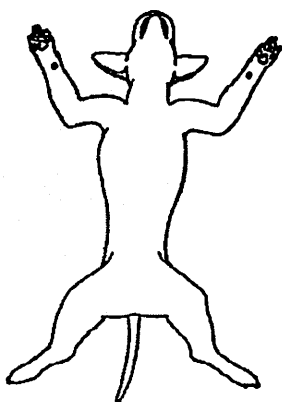
Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 20A7-01
 Case #: HY-3301-0150
 Location: Cumberland, VA

IN-FIELD EXAM

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5-18-2022 Clinician(s): Whitaker Initials: MSW
 Breed: Beagle Color: Red/Black/White Neuter: Y (N circle) Gender: M (F circle)
 Age / Birth: 4 years est./Act. (circle) Ear Tag / Tattoo #: CED
 Length: 17 1/2 inch (nose to tail) Height: 27 1/2 inch (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	

MEDICAL FINDINGS:

Grade 4 Dental Disease

Recommended Treatment (that should be provided by Owner/Operator) : Dental Prophylaxis

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

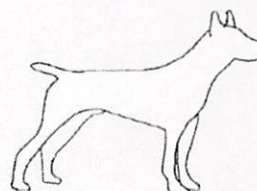
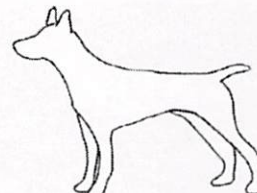
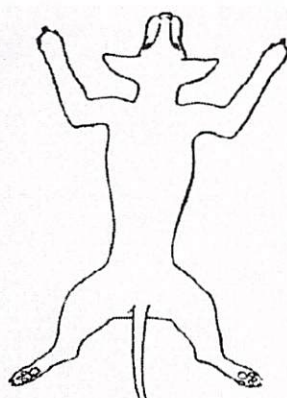
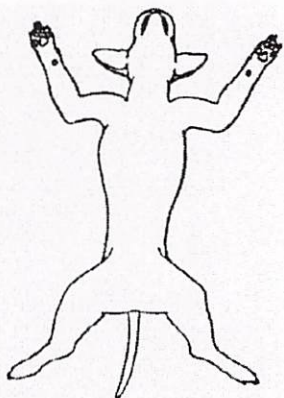
Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 20A25-01dCase #: HY-3301-0150Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Moffitt Initials: _____Breed: Beagle Color: TRI Neuter: Y / N (circle) Gender: M / F (circle)Age / Birth: 4/17/22 est./Act. (circle) Ear Tag / Tattoo #: NONELength: 10" (nose to tail) Height: 5.0" (top of the head)

IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

- Pot belly

Recommended Treatment (that should be provided by Owner/Operator) : Fleal / Deworm☐ Dog must be housed separately due to _____

☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: S. Moffitt (Signature)

Concurrence (for removal Only) : _____ (Signature)

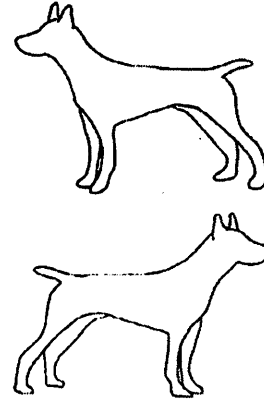
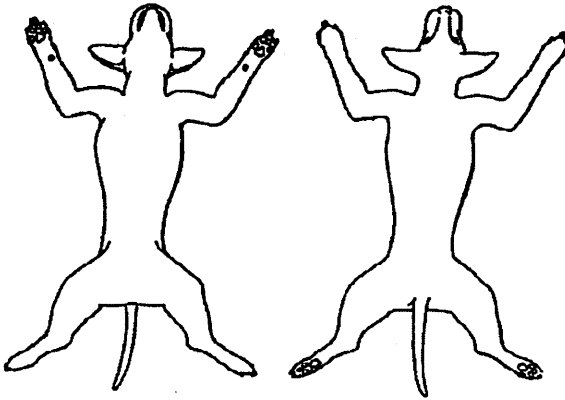
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 21A-01
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5-18-22 Clinician(s): Strong Initials: SS/AR
 Breed: Beagle Color: Red, black, white Neuter: Y/N(circle) Gender: M/F(circle)
 Age / Birth: 3 years est./Act. (circle) Ear Tag / Tattoo #: CKCCJE
 Length: 25 inches (nose to tail) Height: 19 inches (top of the head)

**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS: fecal impaction on all four feet, painful dental disease

Recommended Treatment (that should be provided by Owner/Operator) : Dental cleaning

☐ Dog must be housed separately due to _____
☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

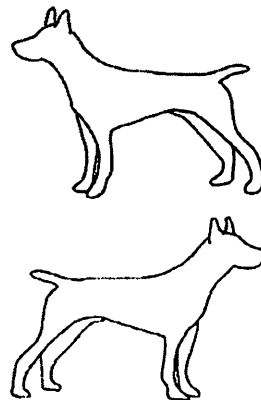
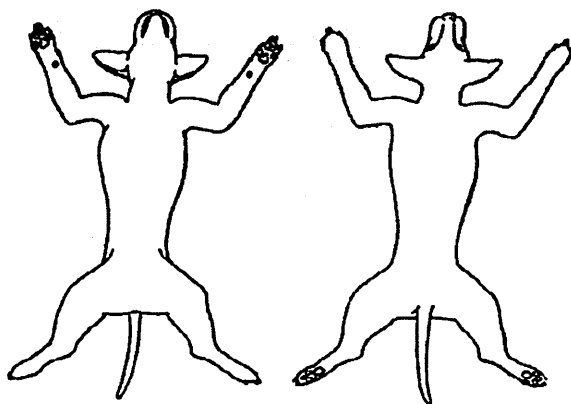
Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 214-05Case #: HY-3301-0150Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5.18.27 Clinician(s): Strong Initials: _____Breed: Beagle Color: Black, Red, White Neuter: Y/N (circle) N Gender: M/F (circle) FAge / Birth: _____ est./Act. (circle) _____ Ear Tag / Tattoo #: CKFCSDLength: 28 inches (nose to tail) Height: 17 inches (top of the head)

IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4

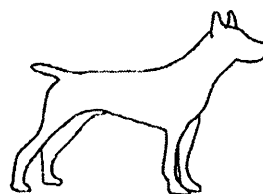
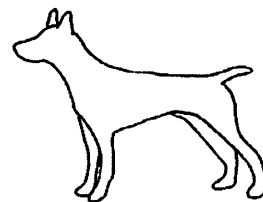
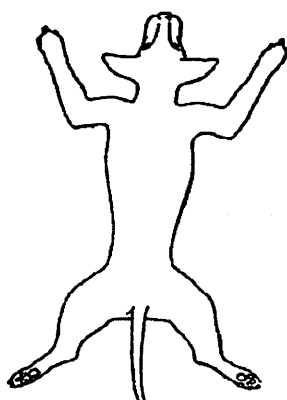
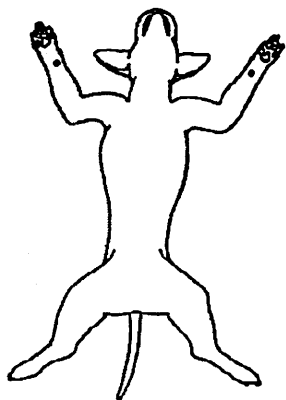
MEDICAL FINDINGS: Brown discharge from vulva, feces impacted in all four pawsRecommended Treatment (that should be provided by Owner/Operator) : Clean feet☐ Dog must be housed separately due to _____

☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 21A-05dCase #: HY-3301-0150Location: Cumberland, VA**IN-FIELD EXAM****ANIMAL PATIENT MEDICAL RECORD - DOG**In-Field Exam Date: 5.18.21 Clinician(s): Strong Initials: SS/ALBreed: Beagle Color: Black, White, Tan Neuter: Y / N (circle) Gender: M / F (circle)Age / Birth: 11 days est./Act. (circle) Ear Tag / Tattoo #: _____Length: 9 inches (nose to tail) Height: _____ (top of the head)**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

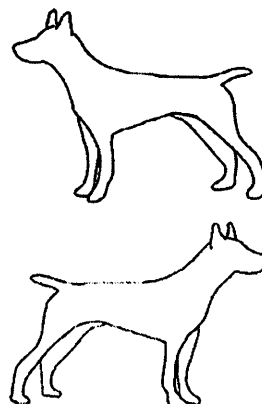
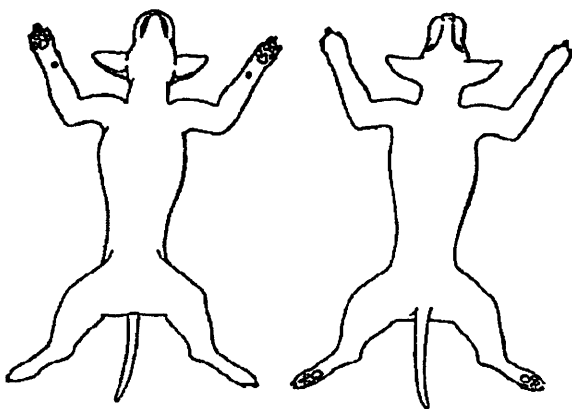
MEDICAL FINDINGS: Healing pustule on umbilicus, Clear nasal dischargeRecommended Treatment (that should be provided by Owner/Operator): Observe umbilicus to ensure doesn't get infected☐ Dog must be housed separately due to _____

☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 21A-010Case #: HY-3301-0150Location: Cumberland, VA**IN-FIELD EXAM****ANIMAL PATIENT MEDICAL RECORD - DOG**In-Field Exam Date: 5/17/22 Clinician(s): STRONG Initials: SS/ARBreed: Borzoi Color: Black, Tan, White Neuter: Y/N (circle) Gender: M/F (circle)Age / Birth: 3-4 years est./Act. (circle) Ear Tag / Tattoo #: CKGCBTLength: 24 inches (nose to tail) Height: 16 inches (top of the head)**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4

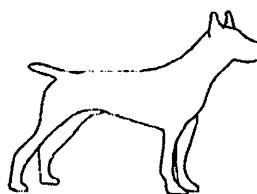
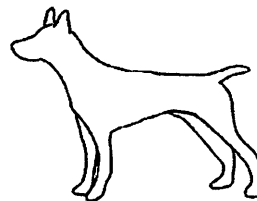
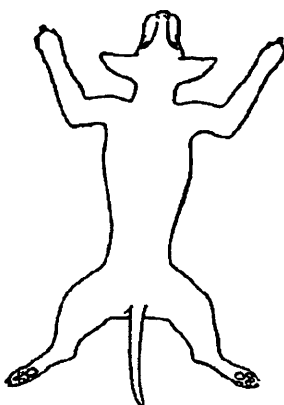
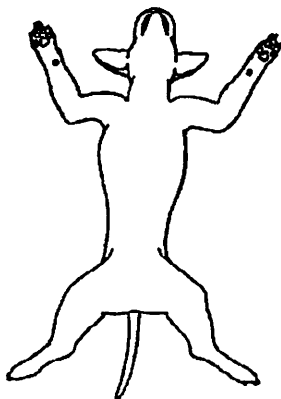
MEDICAL FINDINGS:Recommended Treatment (that should be provided by Owner/Operator) : Needs dental cleaning

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAMAnimal ID #: 214-07Case #: HY-3301-0150Location: Cumberland, VA**ANIMAL PATIENT MEDICAL RECORD - DOG**In-Field Exam Date: 5/17/22 Clinician(s): Strong Initials: SS/AZBreed: Beagle ^{18#} Color: Red, White, Black Neuter: Y/N (circle) Gender: M/F (circle)Age / Birth: 2-3 years est./Act. (circle) Ear Tag / Tattoo #: CIFLESLength: 26 inches (nose to tail) Height: 16 inches (top of the head)**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:Recommended Treatment (that should be provided by Owner/Operator) : Needs dental☐ Dog must be housed separately due to _____

☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

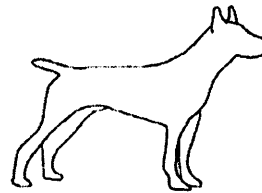
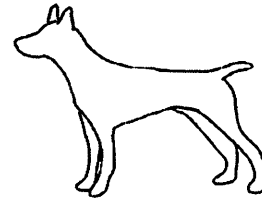
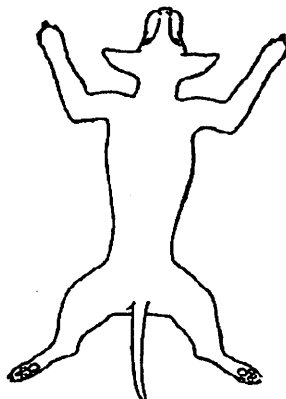
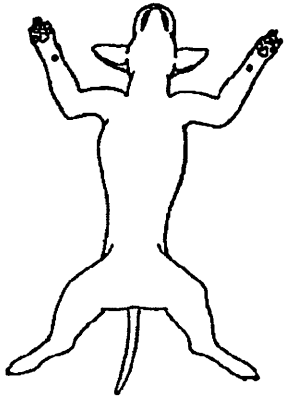
Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 21A-09Case #: HY-3301-0150Location: Cumberland, VA**IN-FIELD EXAM****ANIMAL PATIENT MEDICAL RECORD - DOG**

In-Field Exam Date: 5-18-22 Clinician(s): Strong Initials: SS-AR
 Breed: Bragg Color: Red, White, Black Neuter: Y/N(circle) Gender: M/F(circle)
 Age / Birth: 3 years est./Act. (circle) Ear Tag / Tattoo #: CIGCFD
 Length: 23 inches (nose to tail) Height: 17 inches (top of the head)

**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS: Moderate inflammation both hind paw pads, mild eye discharge

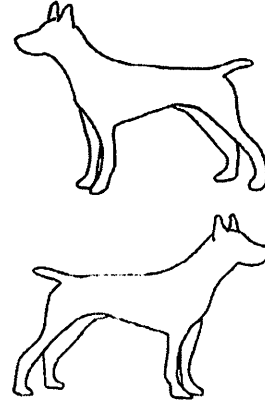
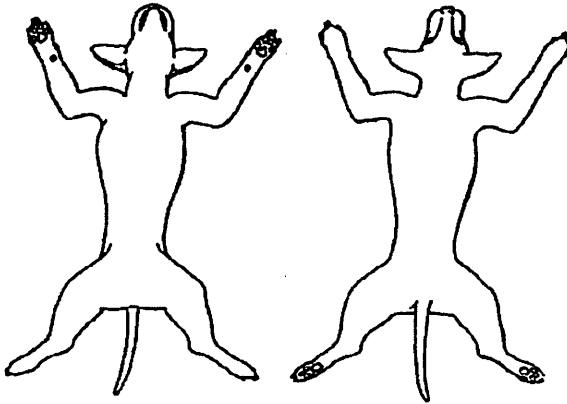
Recommended Treatment (that should be provided by Owner/Operator) : Needs dental

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

**IN-FIELD EXAM**Animal ID #: 21A-10Case #: HY-3301-0150Location: Cumberland, VA**ANIMAL PATIENT MEDICAL RECORD - DOG**In-Field Exam Date: 5-18-22 Clinician(s): Strong Initials: SS-ARBreed: Beagle Color: Red, Black, White Neuter: Y/N (circle) Gender: M/F (circle)Age / Birth: 3-4 years est./Act. (circle) Ear Tag / Tattoo #: CIECMPLength: 25 inches (nose to tail) Height: 18 inches (top of the head)**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:Recommended Treatment (that should be provided by Owner/Operator) : Needs dental☐ Dog must be housed separately due to _____

☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.



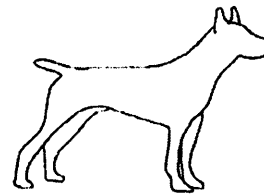
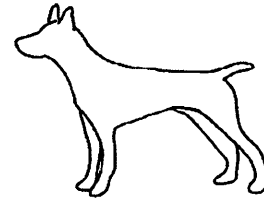
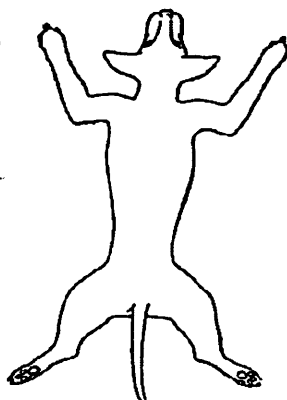
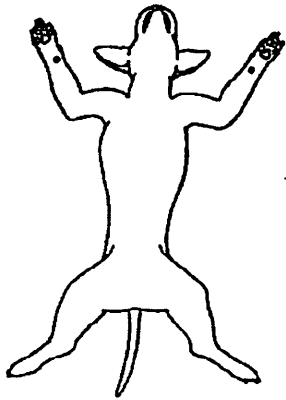
Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 21A-14cCase #: HY-3301-0150Location: Cumberland, VA**IN-FIELD EXAM****ANIMAL PATIENT MEDICAL RECORD - DOG**

In-Field Exam Date: 5/18/22 Clinician(s): Strongy Initials: SS/AR
 Breed: Beagle Color: Black/White/Tan Neuter: Y / N (circle) Gender: M / F (circle)
 Age / Birth: 3 days est./Act. (circle) Ear Tag / Tattoo #: _____
 Length: _____ (nose to tail) Height: _____ (top of the head)

**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS: Left front paw pad red/inflamed

Recommended Treatment (that should be provided by Owner/Operator) : Monitor area

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

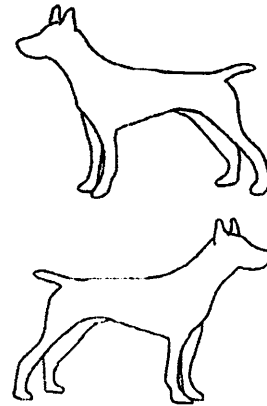
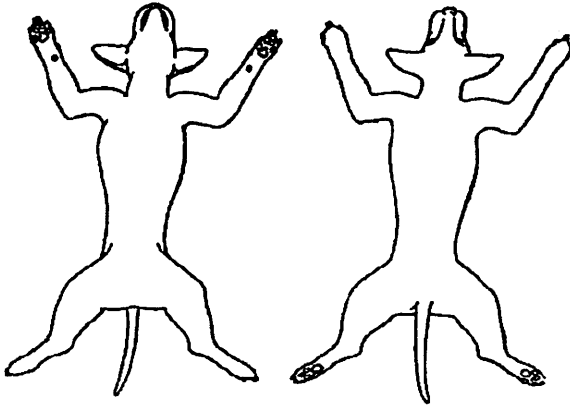
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 21A-15
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Strongay Initials: SS/AR
 Breed: Beagle Color: Red, White, Black Neuter: Y/N(circle) Gender: M/F(circle)
 Age / Birth: 2-3 years est./Act. (circle) Ear Tag / Tattoo #: CKECFA
 Length: 26 inches (nose to tail) Height: 16 inches (top of the head)

**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS: Mild red inflamed paws all four

Recommended Treatment (that should be provided by Owner/Operator) : Needs dental, paws cleaned, brown vulva discharge

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

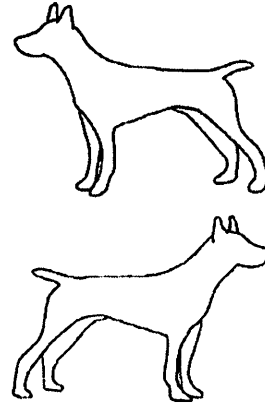
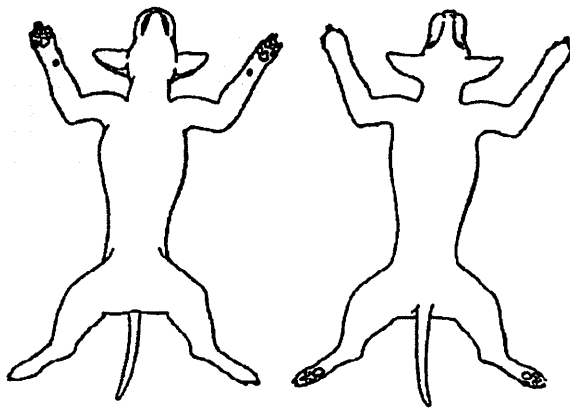
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: 21A-16
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Strong Initials: SS/AR
 Breed: Belgian Color: Red Black w/ Neuter: Y/N (circle) Gender: M/F (circle)
 Age / Birth: 2-3 years est./Act. (circle) Ear Tag / Tattoo #: CLGCBN
 Length: 25 inches (nose to tail) Height: 17 inches (top of the head)

**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS: Mild red inflamed paw pads, mucoid vaginal discharge

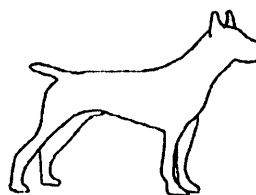
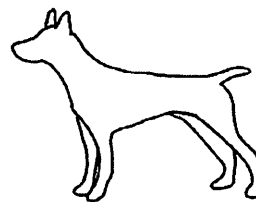
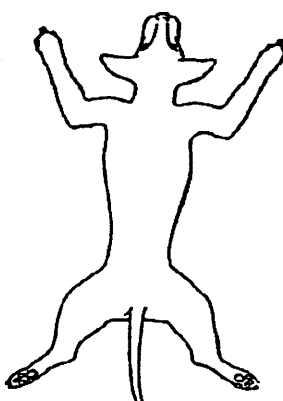
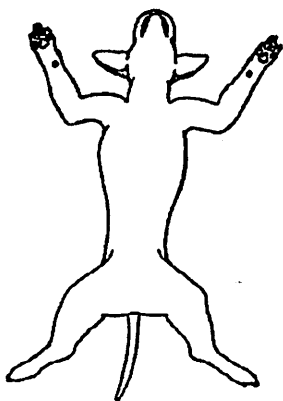
Recommended Treatment (that should be provided by Owner/Operator) : Clean paws

☐ Dog must be housed separately due to _____
☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAMAnimal ID #: 214-716Case #: HY-3301-0150Location: Cumberland, VA**ANIMAL PATIENT MEDICAL RECORD - DOG**In-Field Exam Date: 5/18/22 Clinician(s): Strong Initials: SS/ARBreed: Beagle Color: Red, Black, White Neuter: Y (circle) Gender: M (circle)Age / Birth: 2 yrs est./Act. (circle) Ear Tag / Tattoo #: CCCCYLength: 26 inches (nose to tail) Height: 16 inches (top of the head)**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS: Red inflamed paws all four feetRecommended Treatment (that should be provided by Owner/Operator) : Need paws cleaned☐ Dog must be housed separately due to _____

☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

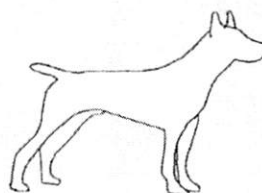
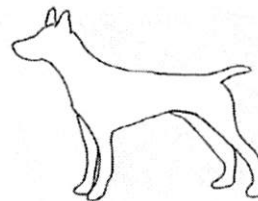
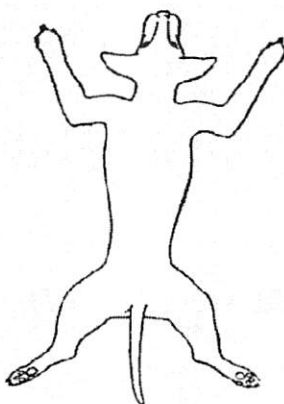
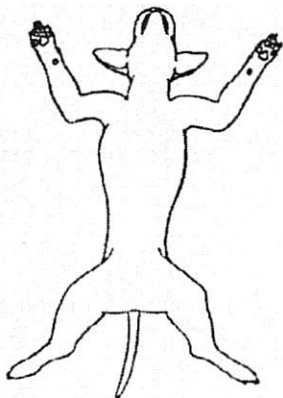
Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 21A20-01Case #: HY-3301-0150Location: Cumberland, VA

IN-FIELD EXAM

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5-18-2022 Clinician(s): Dr. McManus Initials: MDBreed: Beagle Color: Tri color Neuter: Y/☒ (circle) Gender: M/☒ (circle)Age / Birth: 7+ est./Act. (circle) Ear Tag / Tattoo #: CLC CDMLength: 26 in (nose to tail) Height: 16 in (top of the head)

IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input checked="" type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

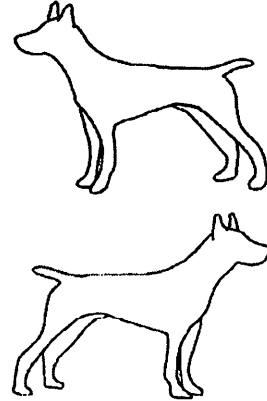
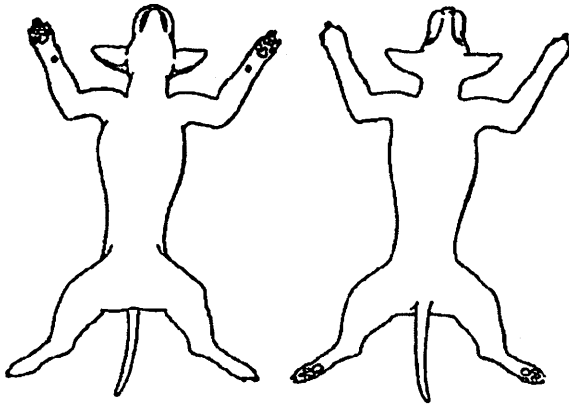
Lactating.Recommended Treatment (that should be provided by Owner/Operator) : Dental cleaning

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 21A24-01Case #: HY-3301-0150Location: Cumberland, VA**IN-FIELD EXAM****ANIMAL PATIENT MEDICAL RECORD - DOG**In-Field Exam Date: 5-18-2022 Clinician(s): Dr. McMorris Initials: MSBreed: Beagle Color: Tricolor Neuter: Y / ☒ (circle) Gender: M / ☒ (circle)Age / Birth: 7 + years est./Act. (circle) Ear Tag / Tattoo #: C5B C5VLength: 27 in (nose to tail) Height: 20 in (top of the head)**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4

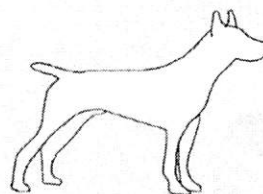
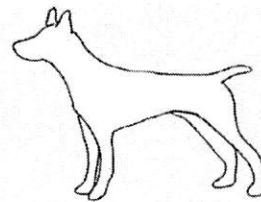
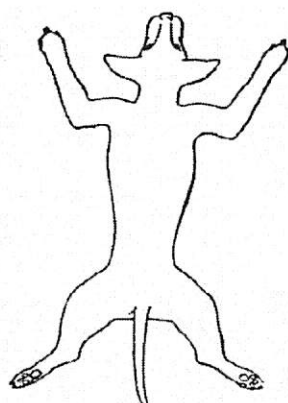
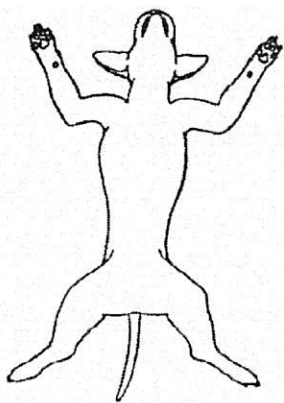
MEDICAL FINDINGS:PregnantRecommended Treatment (that should be provided by Owner/Operator) : Dental Cleaning

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: Z1A25-01Case #: HY-3301-0150Location: Cumberland, VA**IN-FIELD EXAM****ANIMAL PATIENT MEDICAL RECORD - DOG**In-Field Exam Date: 5-18-2022 Clinician(s): Dr. McManus Initials: MSBreed: Beagle Color: TriColor Neuter: Y / ☒ (circle) Gender: M / ☒ (circle)Age / Birth: 8 years est./Act. (circle) Ear Tag / Tattoo #: CJH CHVLength: 28 in (nose to tail) Height: 17 in (top of the head)**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4

MEDICAL FINDINGS:

Lactating but No puppies, Patch of hair loss on back as well as thinning hair on Left Side

Recommended Treatment (that should be provided by Owner/Operator) : Dental Cleaning and Extractions

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

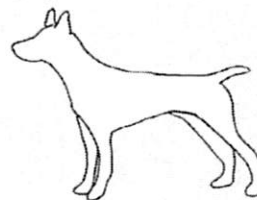
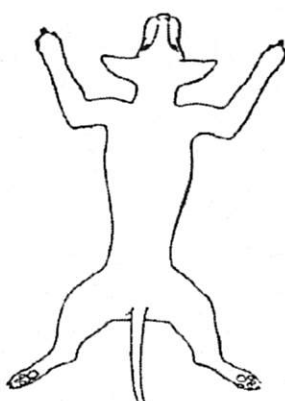
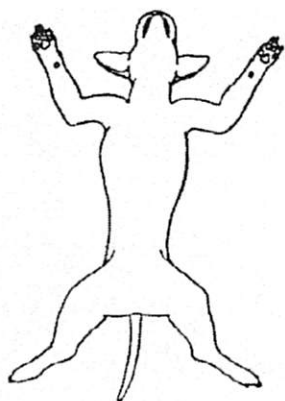
Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 21A26-01Case #: HY-3301-0150Location: Cumberland, VA

IN-FIELD EXAM

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5-18-2022 Clinician(s): Dr. McManus Initials: MJBreed: Beagle Color: Tricolor Neuter: Y/N(circle) Gender: M/F(circle)Age / Birth: 5 years est./Act. (circle) Ear Tag / Tattoo #: (unlegible) CCELength: 26 in (nose to tail) Height: 18 in (top of the head)

IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Firm, lumpy back mammary glands

Recommended Treatment (that should be provided by Owner/Operator): Recomend Dental Cleaning,

Veterexan for possible mastitis

☐ Dog must be housed separately due to _____

☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

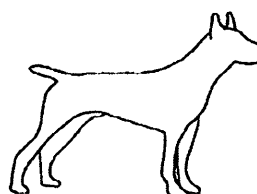
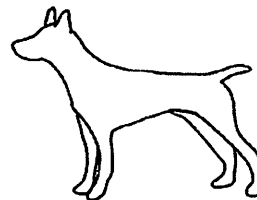
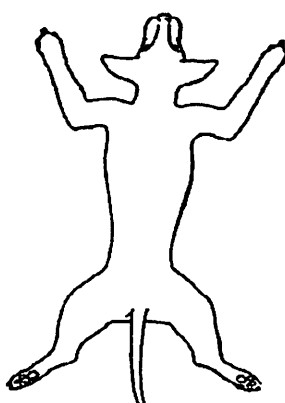
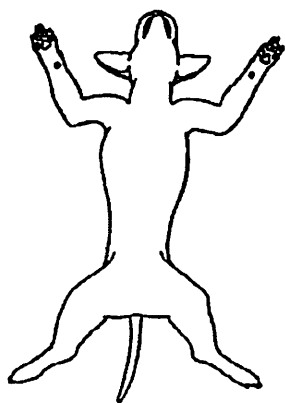
Concurrence (for removal Only): _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 21.A.29.01
 Case #: HY-3301-0150
 Location: Cumberland, VA

IN-FIELD EXAM**ANIMAL PATIENT MEDICAL RECORD - DOG**

In-Field Exam Date: 5.18.22 Clinician(s): McManus Initials: MS
 Breed: Beagle Color: Tri Color Neuter: Y/N(circle) Gender: M/F(circle)
 Age / Birth: 6 est./Act. (circle) Ear Tag / Tattoo #: CHF CIS
 Length: 26 in (nose to tail) Height: 17 in (top of the head)

**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4

MEDICAL FINDINGS:

Small amount of red/brown discharge from vulva

Recommended Treatment (that should be provided by Owner/Operator) : dental cleaning

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

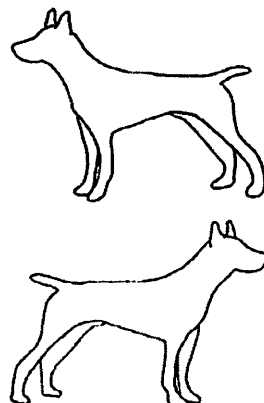
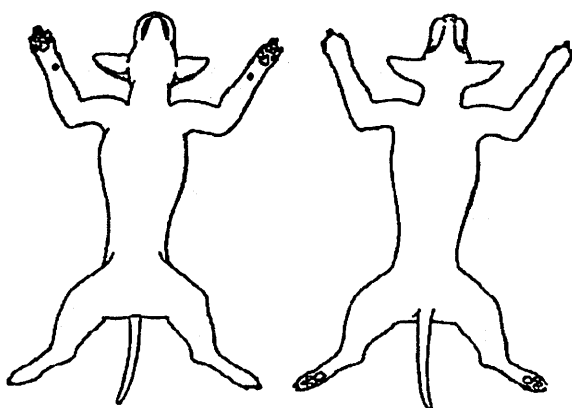
Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 21A30-01Case #: HY-3301-0150Location: Cumberland, VA

IN-FIELD EXAM

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5-18-2022 Clinician(s): Dr. McManus Initials: MPBreed: Beagle Color: Tricolor Neuter: Y/☒ (circle) Gender: M/☒ (circle)Age / Birth: 5 years est./Act. (circle) Ear Tag / Tattoo #: CIK CNRLength: 27 in (nose to tail) Height: 18.5 in (top of the head)

IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

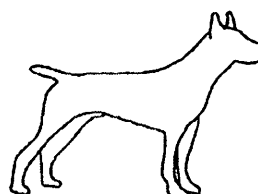
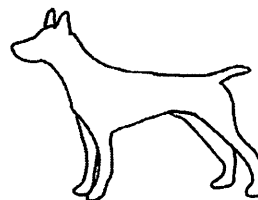
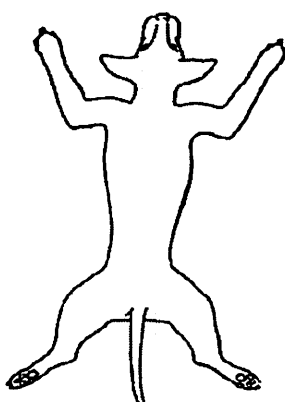
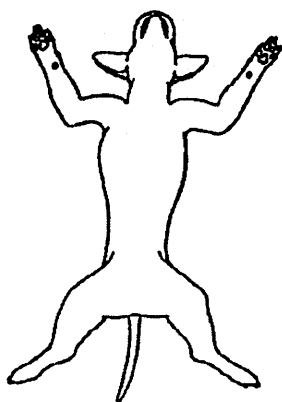
Very pregnant, Missing Multiple teethRecommended Treatment (that should be provided by Owner/Operator): Recommend dentalcleaning☐ Dog must be housed separately due to _____

☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 21A31-01Case #: HY-3301-0150Location: Cumberland, VA**IN-FIELD EXAM****ANIMAL PATIENT MEDICAL RECORD - DOG**In-Field Exam Date: 5-18-2022 Clinician(s): Dr. McManus Initials: MSBreed: Beagle Color: Tricolor Neuter: Y ☒ (circle) Gender: M ☒ (circle)Age / Birth: 4 years est./Act. (circle) Ear Tag / Tattoo #: CKH CGRLength: 24 in (nose to tail) Height: 17 in (top of the head)**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4

MEDICAL FINDINGS:NSFRecommended Treatment (that should be provided by Owner/Operator) : Recommend Dental Cleaning

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

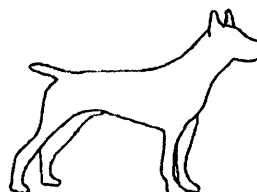
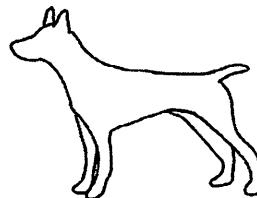
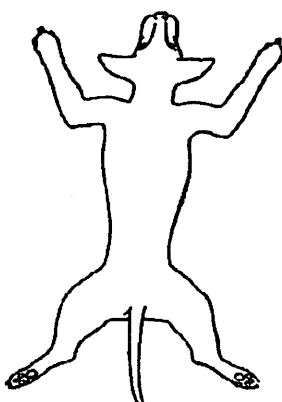
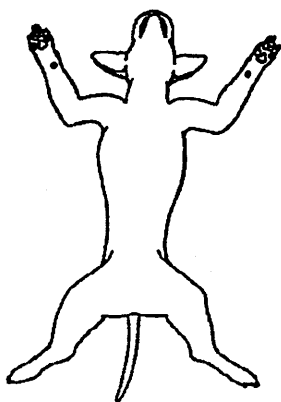
Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 21A31-01Case #: HY-3301-0150Location: Cumberland, VA**IN-FIELD EXAM****ANIMAL PATIENT MEDICAL RECORD - DOG**In-Field Exam Date: 5-18-2022 Clinician(s): Dr. McManus Initials: MSBreed: Beagle Color: Tricolor Neuter: Y / ☒ (circle) Gender: ☒ M / F (circle)Age / Birth: 2 days est./Act. (circle) Ear Tag / Tattoo #: None found

Length: _____ (nose to tail) Height: _____ (top of the head)

**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:

Scabs on front legs, Swelling at Umbilicus from Hernia

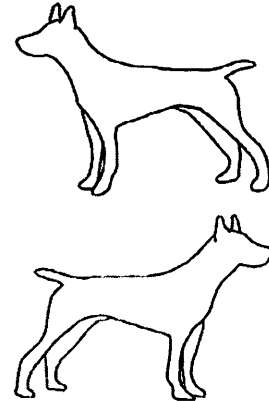
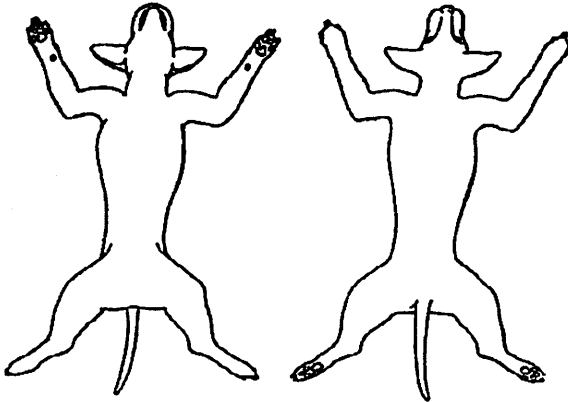
Recommended Treatment (that should be provided by Owner/Operator) : Hernia (umbilical) Surgery☐ Dog must be housed separately due to _____

☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 2A32-01Case #: HY-3301-0150Location: Cumberland, VA**IN-FIELD EXAM****ANIMAL PATIENT MEDICAL RECORD - DOG**In-Field Exam Date: 5-18-2022 Clinician(s): Dr. McManus Initials: MSBreed: Beagle Color: Tricolor Neuter: Y/☒N(circle) Gender: M/☒Q(circle)Age / Birth: 4 years est./Act. (circle) Ear Tag / Tattoo #: CX CJK CNILength: 23 in (nose to tail) Height: 18 in ☒M (top of the head)**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4

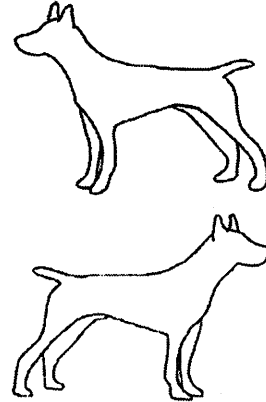
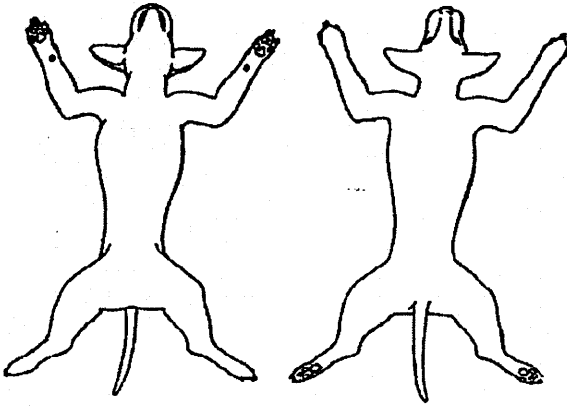
MEDICAL FINDINGS:PregnantRecommended Treatment (that should be provided by Owner/Operator): Recommend Dental

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: Z1A35-01Case #: HY-3301-0150Location: Cumberland, VA**IN-FIELD EXAM****ANIMAL PATIENT MEDICAL RECORD - DOG**In-Field Exam Date: 5-18-2022 Clinician(s): Dr. McMonus Initials: MSBreed: Beagle Color: Tricolor Neuter: Y/N(circle) Gender: M/F(circle)Age / Birth: 6 years est./Act. (circle) Ear Tag / Tattoo #: CIA C25Length: 24 in (nose to tail) Height: 18 in (top of the head)**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input checked="" type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4

MEDICAL FINDINGS:Recommended Treatment (that should be provided by Owner/Operator) : Needs dental cleaning and extraction of upper PM.☐ Dog must be housed separately due to _____

☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

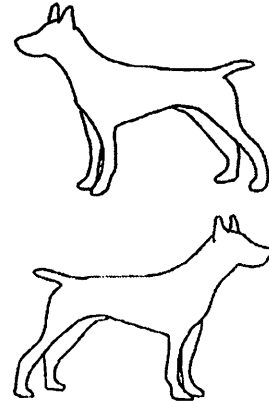
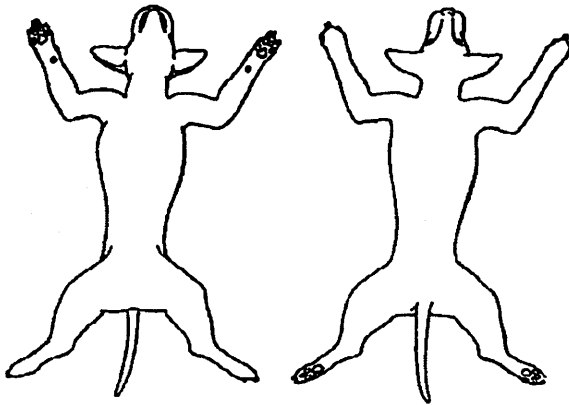
Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: 21A36-01Case #: HY-3301-0150Location: Cumberland, VA**IN-FIELD EXAM****ANIMAL PATIENT MEDICAL RECORD - DOG**

In-Field Exam Date: 5-18-2022 Clinician(s): Dr. McManus Initials: MS
 Breed: Beagle Color: Tan + White Neuter: Y / ☒ (circle) Gender: M / ☒ (circle)
 Age / Birth: 4 years est./Act. (circle) Ear Tag / Tattoo #: CHE CHE
 Length: 24 in (nose to tail) Height: 17 in (top of the head)

**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:PregnantRecommended Treatment (that should be provided by Owner/Operator) : Recommend Dental cleaning

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

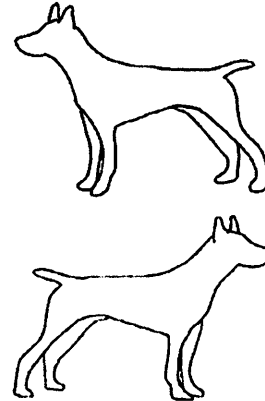
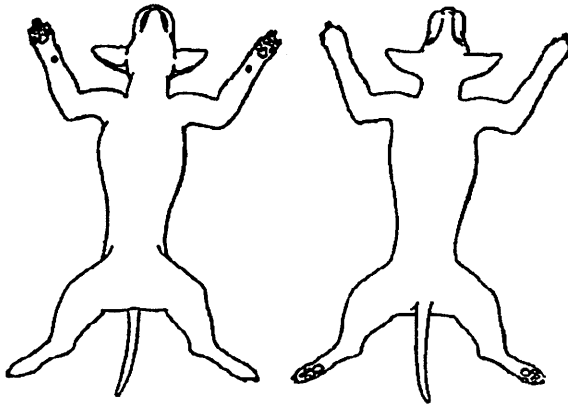
Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: ZA37-01Case #: HY-3301-0150Location: Cumberland, VA**IN-FIELD EXAM****ANIMAL PATIENT MEDICAL RECORD - DOG**

In-Field Exam Date: 5-18-2022 Clinician(s): Dr. McManus Initials: MD
 Breed: Beagle Color: Tri Color Neuter: Y/N(circle) Gender: M/F(circle)
 Age / Birth: 4 years est./Act. (circle) Ear Tag / Tattoo #: CLA CBZ
 Length: 25 in (nose to tail) Height: 19 in (top of the head)

**IN-FIELD EXAM:**

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS:Very PregnantRecommended Treatment (that should be provided by Owner/Operator) : Recommend Dental Cleaning

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

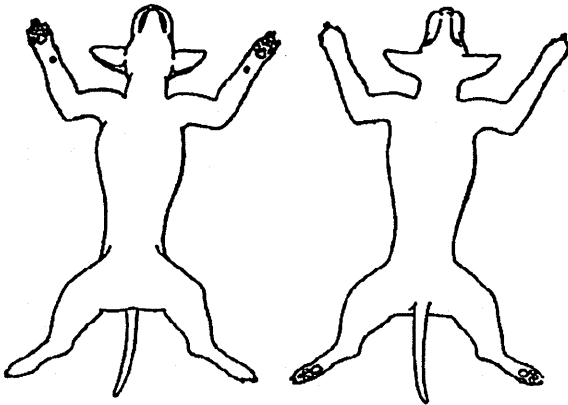
B9-A75-05
B9-A75-05-MB

Animal ID #: B9-A75-05-MB
Case #: HY-3301-0150
Location: Cumberland, VA

IN-FIELD EXAM

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): DR. SAMSON Initials: AS MB
Breed: BEAGLE Color: BLACK TAN WHITE Neuter: Y / ☒ N (circle) Gender: M / ☒ F (circle)
Age / Birth: 5 WEEKS (est. / Act. (circle)) Ear Tag / Tattoo #: HEADING 1416018
Length: 14" (nose to tail) Height: 10" (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input checked="" type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS: PALE MUCOUS MEMBRANES

Recommended Treatment (that should be provided by Owner/Operator): INCREASED FEEDING
SEPARATE FOR FEEDINGS DEWORM

☐ Dog must be housed separately due to _____
☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

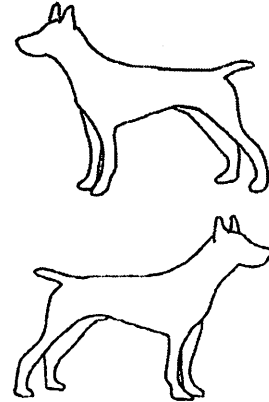
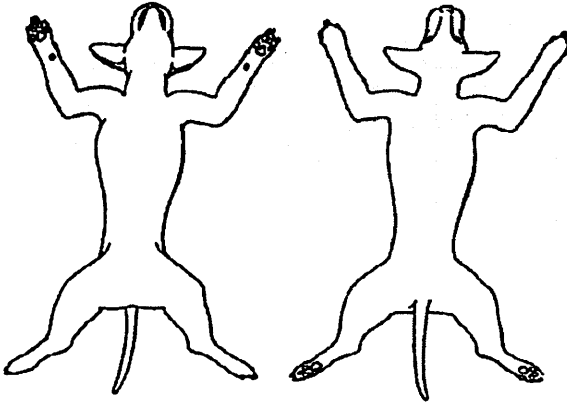
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: B9-A76-01
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): DR. SAMSON Initials: AS MB
 Breed: BEAGLE Color: BLACK TAN WHITE Neuter: Y ☒ N (circle) Gender: M ☒ F (circle)
 Age: 3 MONTHS Birth: est. / Act. (circle) Ear Tag: CNC CIT Tattoo #: (RIGHT EAR)
 Length: 14" (nose to tail) Height: 8" (top of the head)



IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input checked="" type="checkbox"/> 3 - Thin	<input type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS: PINK MUCOUS MEMBRANES MILD

POT BELLY - HAS ALL BABY TEETH QAR

Recommended Treatment (that should be provided by Owner/Operator) : DEWORM

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

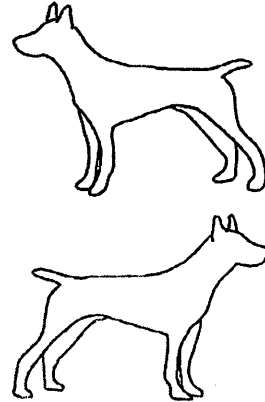
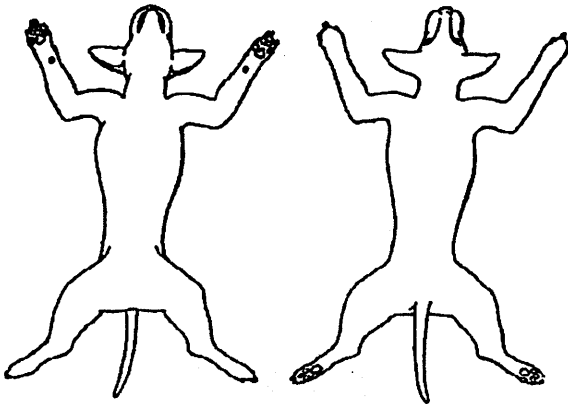
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: B9-A76-03
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): DR. SAMSON Initials: AS MB
 Breed: BORDER COLLIE Color: BLACK AND WHITE Neuter: Y / N (circle) Gender: M / F (circle)
 Age/ Birth: 10 WEEKS (circle) Test / Act. (circle) Ear Tag / Tattoo #: CNC CJS
 Length: 13" (nose to tail) Height: 7 1/2" (top of the head)



IN-FIELD EXAM:

Body Condition Score: ☐ 1 - Emaciated ☐ 2 - Very Thin ☐ 3 - Thin ☐ 4 - Ideal ☒ 5 - Ideal
☐ 6 - Overweight ☐ 7 - Heavy ☐ 8 - Obese ☐ 9 - Grossly Obese
 Dental Grade: ☒ NSF ☐ 1 ☐ 2 ☐ 3 ☐ 4

MEDICAL FINDINGS:

POT BILLY

Recommended Treatment (that should be provided by Owner/Operator) : RECOMMEND DEWORM

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

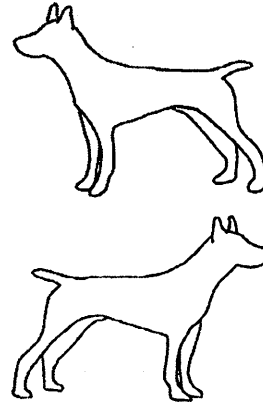
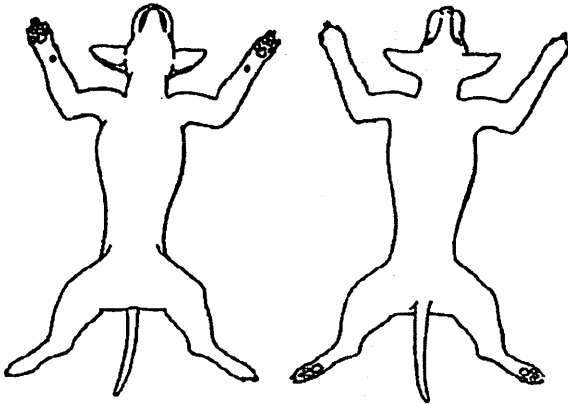
Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: B9-A76-04
 Case #: HY-3301-0150
 Location: Cumberland, VA

IN-FIELD EXAM

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): DR. SAMAN Initials: ASMB
 Breed: BEAGLE Color: BLACK-TAN/WHITE Neuter: Y / N (circle) Gender: M / F (circle)
 Age: 8-10 WEEKS Birth: 8-10 WEEKS Est. / Act. (circle) Ear Tag / Tattoo #: CND CAY
 Length: 14" (nose to tail) Height: 8" (top of the head)



IN-FIELD EXAM:

Body Condition Score: ☐ 1 - Emaciated ☐ 2 - Very Thin ☐ 3 - Thin ☐ 4 - Ideal ☒ 5 - Ideal
☐ 6 - Overweight ☐ 7 - Heavy ☐ 8 - Obese ☐ 9 - Grossly Obese
 Dental Grade: ☒ NSF ☐ 1 ☐ 2 ☐ 3 ☐ 4

MEDICAL FINDINGS: POT BELLY LIGHT PINK MUCOS
MEMBRANES

Recommended Treatment (that should be provided by Owner/Operator) : RECOMMEND DEWORM

- ☐ Dog must be housed separately due to _____
☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

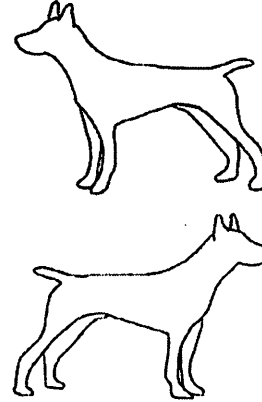
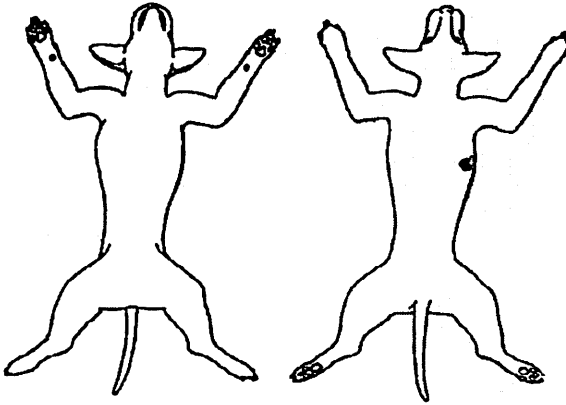
Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: B9-A78-01
 Case #: HY-3301-0150
 Location: Cumberland, VA

IN-FIELD EXAM

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): DR. SAMSON Initials: AS MB
 Breed: BEAGLE Color: BLACK TAN WHITE Neuter: Y / N (circle) Gender: M / F (circle)
 Age / Birth: SWEEP (est./Act. (circle)) Ear Tag / Tattoo #: CND CAE
 Length: 11" (nose to tail) Height: 10" (top of the head)



IN-FIELD EXAM:

Body Condition Score: ☐ 1 - Emaciated ☐ 2 - Very Thin ☐ 3 - Thin ☒ 4 - Ideal ☐ 5 - Ideal
☐ 6 - Overweight ☐ 7 - Heavy ☐ 8 - Obese ☐ 9 - Grossly Obese
 Dental Grade: ☒ NSF ☐ 1 ☐ 2 ☐ 3 ☐ 4

MEDICAL FINDINGS: POT BELLY MILD WHITE CRUSTY
DISCHARGE IN BOTH EYES

Recommended Treatment (that should be provided by Owner/Operator) : RECOMMEND DEXAM
MONITOR EYES FOR INFECTION

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

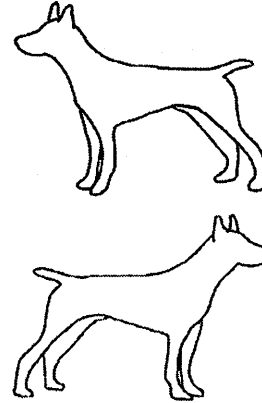
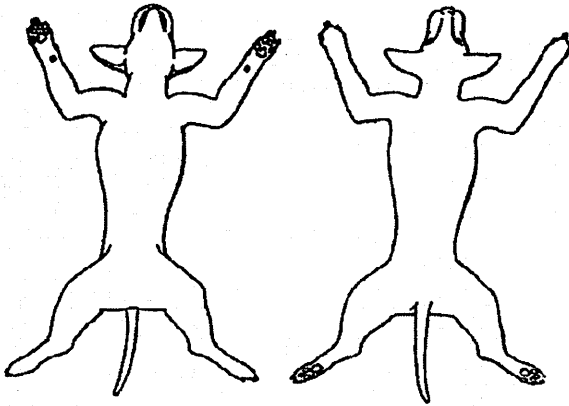
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: B9-A78-02
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/02 Clinician(s): DR. SAMSON Initials: AS MB
 Breed: Basset Color: BLACK RED WHITE Neuter: Y / N (circle) Gender: M / F (circle)
 Age / Birth: 8 WEEKS est. / Act. (circle) Ear Tag / Tattoo #: ONE TWO ONE C S R
 Length: 11 1/2" (nose to tail) Height: 9" (top of the head)



IN-FIELD EXAM:

Body Condition Score: ☐ 1 - Emaciated ☐ 2 - Very Thin ☐ 3 - Thin ☐ 4 - Ideal ☒ 5 - Ideal
☐ 6 - Overweight ☐ 7 - Heavy ☐ 8 - Obese ☐ 9 - Grossly Obese
 Dental Grade: ☒ NSF ☐ 1 ☐ 2 ☐ 3 ☐ 4

MEDICAL FINDINGS: POT BELLY

Recommended Treatment (that should be provided by Owner/Operator) : RECOMMEND DEWORM

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

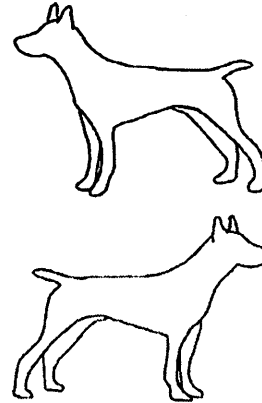
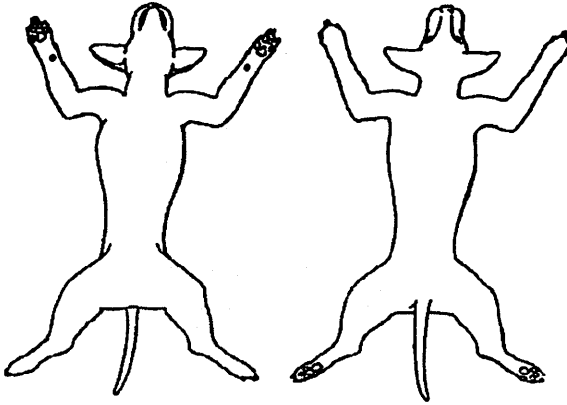
Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: B9-A78-03
 Case #: HY-3301-0150
 Location: Cumberland, VA

IN-FIELD EXAM

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/20 Clinician(s): DR. SAMSON Initials: AS MB
 Breed: BEGGIE Color: BLACK TAN WHITE Neuter: Y / N (circle) Gender: M / F (circle)
 Age / Birth: 5 MONTHS (est. / Act. (circle)) Ear Tag / Tattoo #: CN CA - ILLEGIBLE
 Length: 12" (nose to tail) Height: 9" (top of the head)



IN-FIELD EXAM:

Body Condition Score: ☐ 1 - Emaciated ☐ 2 - Very Thin ☐ 3 - Thin ☒ 4 - Ideal ☒ 5 - Ideal
☐ 6 - Overweight ☐ 7 - Heavy ☐ 8 - Obese ☐ 9 - Grossly Obese
 Dental Grade: ☒ NSF ☐ 1 ☐ 2 ☐ 3 ☐ 4

MEDICAL FINDINGS: POT BELLY, CLEAR NASAL AND B/E
DISCHARGE

Recommended Treatment (that should be provided by Owner/Operator) : RECOMMEND IDIOM,
MONITOR FOR KENNEL COUGH

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

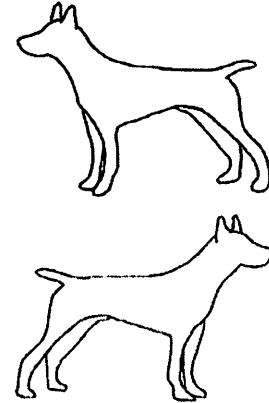
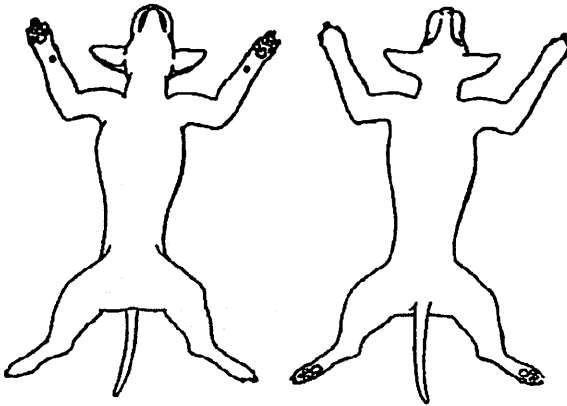
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: B9-AT8-04
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Dr. Sanson Initials: AS MB
 Breed: PUGLE Color: BLACK RED WHITE Neuter: Y / N (circle) Gender: M / F (circle)
 Age / Birth: 8 weeks est. / Act. (circle) Ear Tag / Tattoo #: CNC CTS
 Length: 12 1/2 (nose to tail) Height: 8 1/2 (top of the head)



IN-FIELD EXAM:

Body Condition Score: ☐ 1 - Emaciated ☐ 2 - Very Thin ☐ 3 - Thin ☐ 4 - Ideal ☒ 5 - Ideal
☐ 6 - Overweight ☐ 7 - Heavy ☐ 8 - Obese ☐ 9 - Grossly Obese
 Dental Grade: ☒ NSF ☐ 1 ☐ 2 ☐ 3 ☐ 4

MEDICAL FINDINGS: POT BELLY, PALE PINK MUCOUS
MEM PORES

Recommended Treatment (that should be provided by Owner/Operator) : RECOMMEND DEWORM

- ☐ Dog must be housed separately due to _____
☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

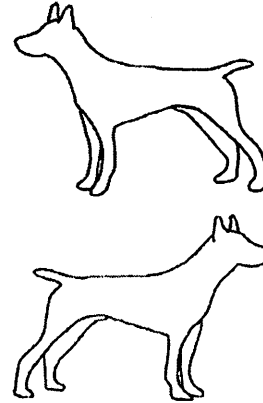
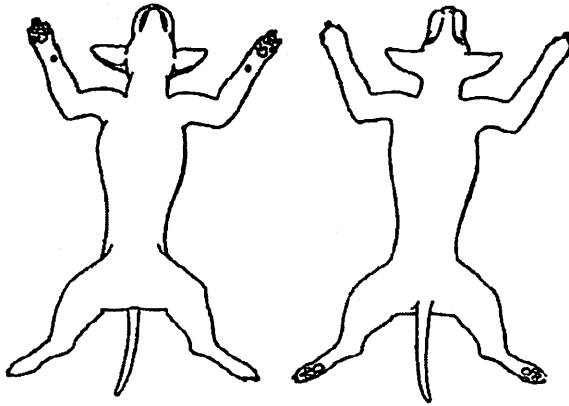
Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: B9-A78-05
 Case #: HY-3301-0150
 Location: Cumberland, VA

IN-FIELD EXAM

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): DR. SAMSON Initials: ASMB
 Breed: BORDER COLLIE Color: BLACK & WHITE Neuter: Y / N (circle) Gender: M / F (circle)
 Age: 8 WEEKS (circle) Birth: 8 WEEKS (circle) Est./Act. (circle) Ear Tag / Tattoo #: CNE CKAD
 Length: 14" (nose to tail) Height: 8" (top of the head)



IN-FIELD EXAM:

Body Condition Score: ☐ 1 - Emaciated ☐ 2 - Very Thin ☐ 3 - Thin ☐ 4 - Ideal ☒ 5 - Ideal
☐ 6 - Overweight ☐ 7 - Heavy ☐ 8 - Obese ☐ 9 - Grossly Obese
 Dental Grade: ☒ NSF ☐ 1 ☐ 2 ☐ 3 ☐ 4

MEDICAL FINDINGS: PALE PINK MUCOUS MEMBRANES
MILD TO MODERATE POT BELLY

Recommended Treatment (that should be provided by Owner/Operator) : BLONDED DERM

- ☐ Dog must be housed separately due to _____
☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

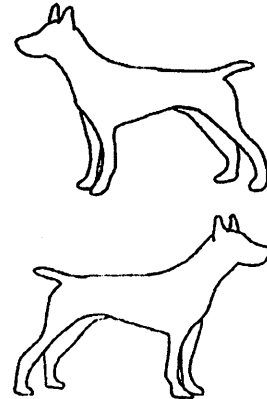
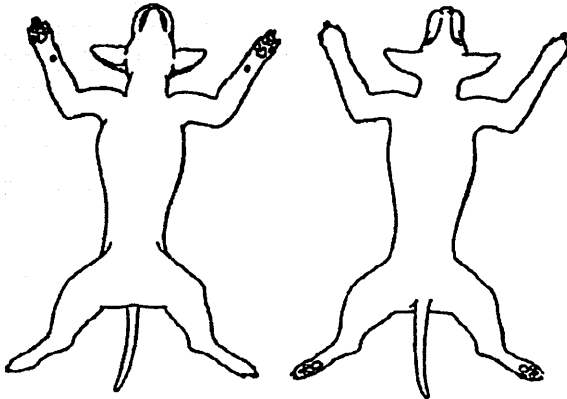
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: B9-A78-04
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): Dr. SAMSON Initials: AS WB
 Breed: Border Color: BLACK TAN WHITE Neuter: Y / N (circle) Gender: M / F (circle)
 Age / Birth: Subs est. / Act. (circle) Ear Tag / Tattoo #: CND CAG
 Length: 12" (nose to tail) Height: 9" (top of the head)



IN-FIELD EXAM:

Body Condition Score: ☐ 1 - Emaciated ☐ 2 - Very Thin ☐ 3 - Thin ☐ 4 - Ideal ☒ 5 - Ideal
☐ 6 - Overweight ☐ 7 - Heavy ☐ 8 - Obese ☐ 9 - Grossly Obese
 Dental Grade: ☒ NSF ☐ 1 ☐ 2 ☐ 3 ☐ 4

MEDICAL FINDINGS: Pot Belly, CLEAR EYE DISCHARGE

Recommended Treatment (that should be provided by Owner/Operator): RECOMMEND DOWN
MONITOR EYE DISCHARGE FOR INFECTION

- ☐ Dog must be housed separately due to _____
☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

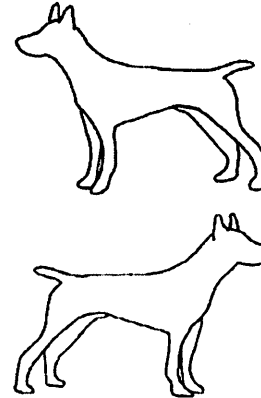
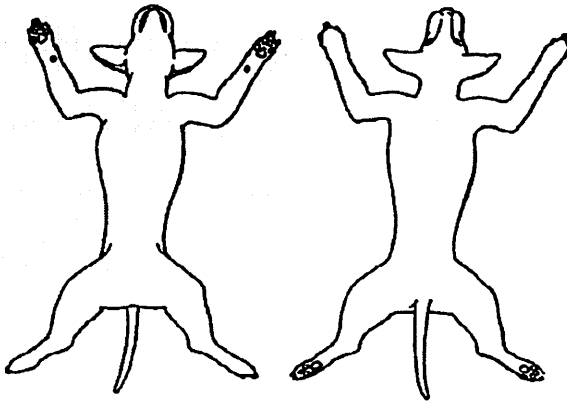
Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: B9-A78-07
 Case #: HY-3301-0150
 Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): DR. SAMSON Initials: AS MB
 Breed: BORDER Color: BLACK AND WHITE Neuter: Y / ☒ N (circle) Gender: M / ☒ F (circle)
 Age / Birth: 8 WKS ☒ Est. / Act. (circle) Ear Tag / Tattoo #: CND CAF
 Length: 13" (nose to tail) Height: 10" (top of the head)



IN-FIELD EXAM:

Body Condition Score: ☐ 1 - Emaciated ☐ 2 - Very Thin ☐ 3 - Thin ☒ 4 - Ideal ☐ 5 - Ideal
☐ 6 - Overweight ☐ 7 - Heavy ☐ 8 - Obese ☐ 9 - Grossly Obese
 Dental Grade: ☐ NSF ☐ 1 ☐ 2 ☐ 3 ☐ 4

MEDICAL FINDINGS: CLEAR NASAL AND EYE DISCHARGE
MODERATE TO SEVERE POT BELLY, CRT 2 1/2 SEC.
SLIGHTLY DEAF

Recommended Treatment (that should be provided by Owner/Operator): FLUENGLON AND PAINKILLER
MONITOR NASAL AND EYE DISCHARGE

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

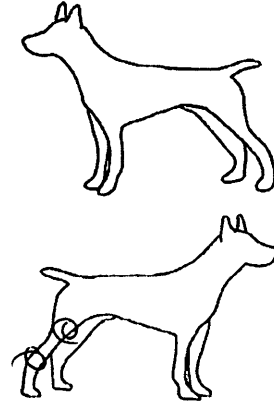
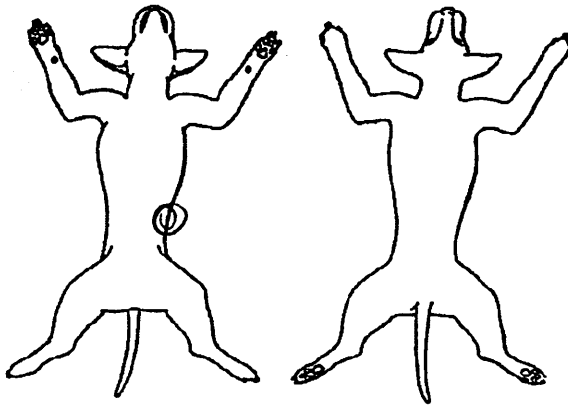
Concurrence (for removal Only): _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian

IN-FIELD EXAM

Animal ID #: B9-A139-01Case #: HY-3301-0150Location: Cumberland, VA

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): DR. SAMSON Initials: AS MBBreed: Poodle Color: Black Red White Neuter: Y/N (circle) Gender: M/F (circle)Age: 5 1/2 MYS Birth: est/Act. (circle) Ear Tag / Tattoo #: CNALCAPLength: 33 1/2 (nose to tail) Height: 14" (top of the head)

IN-FIELD EXAM:

Body Condition Score:	<input type="checkbox"/> 1 - Emaciated	<input type="checkbox"/> 2 - Very Thin	<input type="checkbox"/> 3 - Thin	<input checked="" type="checkbox"/> 4 - Ideal	<input type="checkbox"/> 5 - Ideal
	<input type="checkbox"/> 6 - Overweight	<input type="checkbox"/> 7 - Heavy	<input type="checkbox"/> 8 - Obese	<input type="checkbox"/> 9 - Grossly Obese	
Dental Grade:	<input checked="" type="checkbox"/> NSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

MEDICAL FINDINGS: ALOPYIA HAIR LOSS LEFT SIDE CLOSE TO
 TAIL / PATCHES OF HAIR LOSS RIGHT REAR LEG
 AT THIGH AND KNEE / 1/2 CM X 1/2 CM FIRM
 MASS OUTER PART OF RIGHT KNEE / DOUGHY
 FEEL TO ABDOMEN

Recommended Treatment (that should be provided by Owner/Operator) : RECOMMEND DOXIDEX

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only) : _____ (Signature)

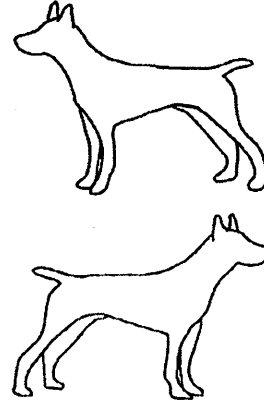
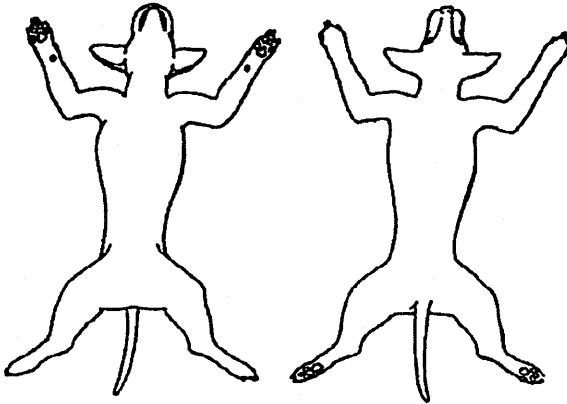
Dr. Samantha Moffitt, Lead Veterinarian

Animal ID #: B9-A139-02
 Case #: HY-3301-0150
 Location: Cumberland, VA

IN-FIELD EXAM

ANIMAL PATIENT MEDICAL RECORD - DOG

In-Field Exam Date: 5/18/22 Clinician(s): DR. SAMSON Initials: AS MB
 Breed: Poodle Color: BLACK RED WHITE Neuter: Y / (N) (circle) Gender: M / (F) (circle)
 Age / Birth: 5 1/2 MTH Est./Act. (circle) Ear Tag / Tattoo #: CML CAM
 Length: 15" (nose to tail) Height: 22" (top of the head)



IN-FIELD EXAM:

Body Condition Score: ☐ 1 - Emaciated ☐ 2 - Very Thin ☐ 3 - Thin ☒ 4 - Ideal ☐ 5 - Ideal
☐ 6 - Overweight ☐ 7 - Heavy ☐ 8 - Obese ☐ 9 - Grossly Obese
 Dental Grade: ☒ NSF ☐ 1 ☐ 2 ☐ 3 ☐ 4

MEDICAL FINDINGS: LIGHT PINK MUCOUS MEMBRANES /
PALE YELLOW MUCOID DISCHARGE FROM
VULVA

Recommended Treatment (that should be provided by Owner/Operator): RECOMMEND
URINALYSIS WITH TREATMENT IF NEEDED

- ☐ Dog must be housed separately due to _____
- ☐ By signing below, I find that this animal is in acute distress, that is, he/she requires immediate veterinary treatment or other care to promptly alleviate a life threatening illness/injury or any suffering, and as such, this animal needs to be removed promptly from the facility and placed in the designated third-party to receive humane care.

Examining Veterinarian: _____ (Signature)

Concurrence (for removal Only): _____ (Signature)

Dr. Samantha Moffitt, Lead Veterinarian